West Virginia Medicaid

Health Homes

Direct Data Entry (DDE)

User Manual for C3

https://c3wv.apshealthcare.com/

April 2015 Version 1.0

Revision Sheet

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APS Healthcare, Inc.

West Virginia Medicaid Health Homes Direct Data Entry (DDE) User Manual for C3

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1. General Information

APS Healthcare - West Virginia (APS) is the Administrative Service Organization (ASO) contracted by the West Virginia Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS): WV Health Homes Program. The West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) began implementing Health Home Services for eligible members effective July, 1, 2014. A Health Home provides a comprehensive system of care coordination for Medicaid members with chronic conditions. Health Home providers will coordinate all primary, acute, behavioral health and long-term services and supports to treat the "whole person" across his/her lifespan. Health Homes have been shown to increase patient's health and reduce medical costs. Since the focus is on the whole patient, all of the health care providers a patient sees are part of his/her treatment team.

The APS AUM Medical CareConnection® (commonly referred to as C3 was built to enhance the effectiveness and efficiency of the WV Health Homes program by:

- Serving as a venue for communication across program stakeholders including: The Bureau for Medical Services, the provider agencies and APS Healthcare.
- Making available up-to-date information about program members' eligibility determinations, authorizations, and demographics information.
- Streamlining the Re-evaluation submission process for providers.
- Managing member eligibility statuses and progress throughout all stages from application through enrollment/discharge.
- Providing notification/prompts for users to take necessary actions.

1.1 System Overview

The C3 system allows multiple user types to interface with member records as their user role permits. The system

- provides a framework and a process for the Prior Authorization for all Levels of Care,
- creates and communicates authorization information to the provider and claims payer,
- provides a framework for oversight of the eligibility process, and
- provides a central location for document storage by allowing multiple users to attach documents onto a single member's record.

It is recommended that users reviewing this manual do so in its entirety to gain a comprehensive and global perspective of Health Homes operations.

1.2 Technical Requirements

1.2.1 Internet Access

- Users must have a computer with Internet access.
- The program is optimized when using Internet Explorer (IE) version 9 or better- (do not use Google Chrome, Mozilla, Firefox, Safari, etc.); compatibility adjustments are needed for Internet Explorer version 10 or 11.

1.2.2 Security and HIPAA Compliance

This application adheres to Health Care Financing Administration (HCFA) security regulations and complies with Health Insurance Portability and Accountability Act (HIPAA) regulations. Consequently, there are multiple levels of security, for the Provider and member confidentiality.

1.2.3 Trouble-Shooting

If users experience difficulty logging on or using the program, the following are recommended.

- Check to confirm that the browser's security settings are set to 128-bit encryption. This can be done in the Microsoft Internet Explorer session by clicking "Help" and then clicking "About Internet Explorer". The resulting display will specify the "Version" of Internet Explorer running, along with the encryption specification in terms of "Cipher Strength". How do I correct this issue? Internet options – security tab, restore default settings select Enable Enhanced Protection Mode.
- Upgrade the browser to Internet Explorer 9.0 or higher.
  - ✓ Windows XP or higher is required
  - ✓ Per PC Settings – allows website to function in the manner intended
    - Open our webpage https://c3wv.apshealthcare.com/
    - Select Tools
    - Select Compatibility View Settings
    - You will see apshealthcare.com in the add this box section, click add and this to the added websites box
    - Place checks in all areas below such as
      i. Display all websites in compatibility view
      ii. Display intranet sites in compatibility view
      iii. Download updated compatibility lists from Microsoft
    - Click the close button

Compatibility Adjustment for Internet Explorer version 9, per PC settings – allows website to function in the manner intended

- Open our webpage https://c3wv.apshealthcare.com/
- Select tools
- Select F12 developer tools
- Look for Browser Mode select IE9 Compatibility View
- Close the box

Once compatibility adjustments have been made you must close all browser sessions completely and reopen your browser. Additional Settings required:

- Turn off Pop up Blocker
- Security Settings for trusted sites- Medium

1.2.4 All Users-User Access Levels

The web system recognizes different users and/or user groups and places restrictions on system accessibility for each user/user group based on the functions the user/user group performs. In general, users can be described as follows:

- **APS Administrator (APS) role** - Users are APS Healthcare staff that have administrative privileges and can perform all functions within in the system.
- **AUM Manager Supervisor (APS) role** - This role is for supervising submissions.
- **AUM Manager role** - Users who can submit authorizations and add/edit data for their organization.
- **Organization Manager role** - For the one who manages the access of users within their organization and manages organization setup.
- **HC–Nurse Health Coach role -** Has access to the Percolator and the only one who may complete the trigger.
- **PP Provider role** - Allows access to enhanced provider portal for all users.

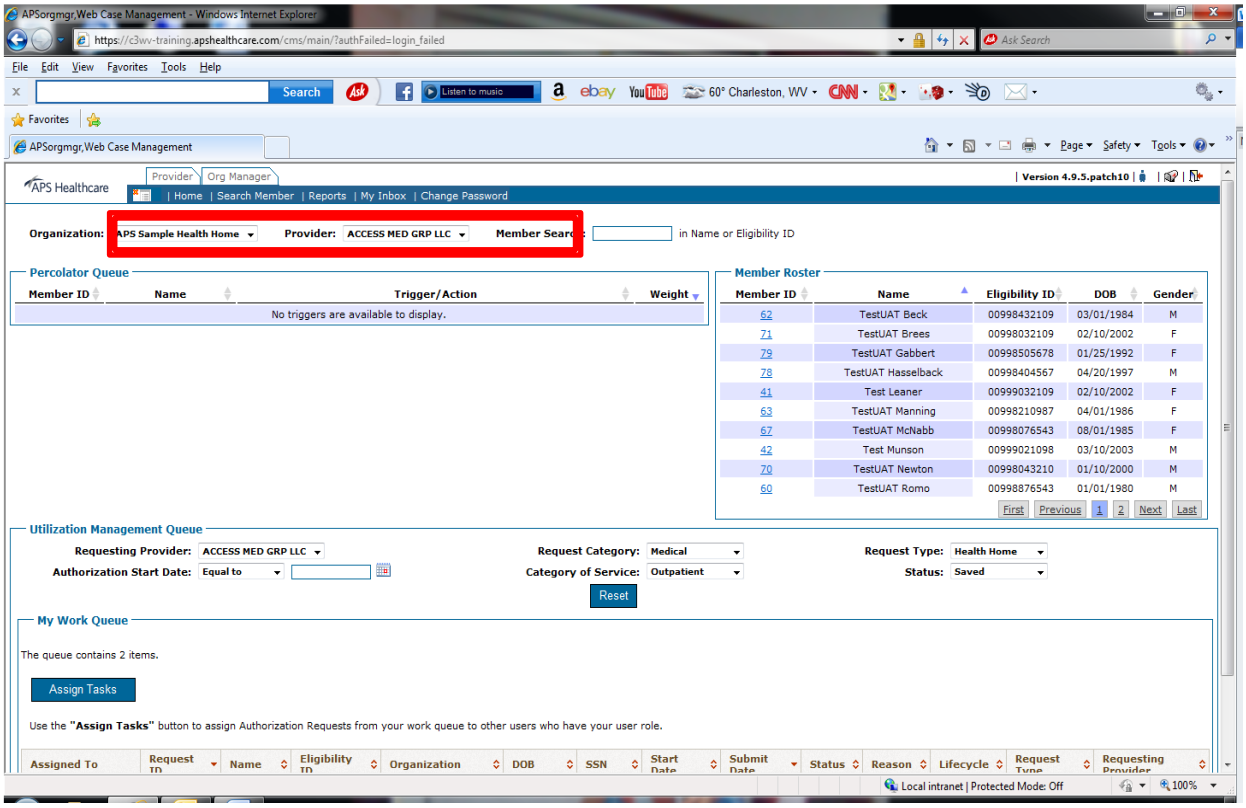
2.0 System Navigation

2.1 Log In

Use CareConnection3 web site at https://c3wv.apshealthcare.com/ and logon with an assigned **UserID** and **Password**.

The **Log In** screen:

Organization and Provider will be auto populated: The Home Screen will appear.

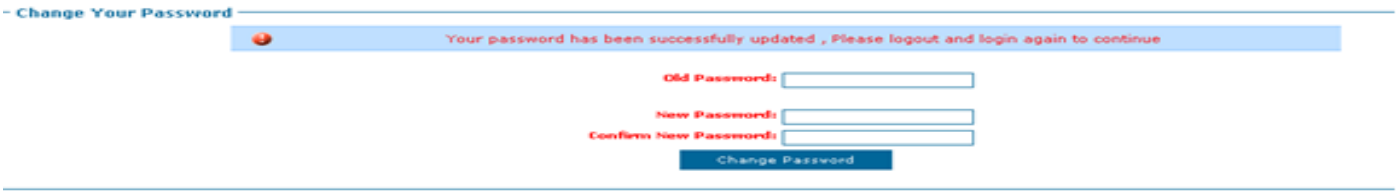

APSorgmgr,Web Case Management - Windows Internet Explorer
APS Healthcare
Provider
Org Manager
Home | Search Member | Reports | My Inbox | Change Password
Version 4.9.5.patch10
Organization: APS Sample Health Home
Provider: ACCESS MED GRP LLC
Member Search
in Name or Eligibility ID
Percolator Queue
Member ID | Name | Trigger/Action | Weight
No triggers are available to display.
Member Roster
Member ID | Name | Eligibility ID | DOB | Gender
62 TestUAT Beck 00998432109 03/01/1984 M
71 TestUAT Brees 00998032109 02/10/2002 F
79 TestUAT Gabbert 00998505678 01/25/1992 F
78 TestUAT Hasselback 00998404567 04/20/1997 M
41 Test Leaner 00999032109 02/10/2002 F
63 TestUAT Manning 00998210987 04/01/1986 F
67 TestUAT McNabb 00998076543 08/01/1985 F
42 Test Munson 00999021098 03/10/2003 M
70 TestUAT Newton 00998043210 01/10/2000 M
60 TestUAT Romo 00998876543 01/01/1980 M
First Previous 1 2 Next Last
Utilization Management Queue
Requesting Provider: ACCESS MED GRP LLC
Authorization Start Date: Equal to
Request Category: Medical
Category of Service: Outpatient
Request Type: Health Home
Status: Saved
Reset
My Work Queue
The queue contains 2 items.
Assign Tasks
Use the "Assign Tasks" button to assign Authorization Requests from your work queue to other users who have your user role.
Assigned To | Request ID | Name | Eligibility ID | Organization | DOB | SSN | Start Date | Submit Date | Status | Reason | Lifecycle | Request Type | Requesting Provider

- The purpose of the Home Screen is to inform the current user of their roles in C3.
- The screen shot above shows this user has several roles.

2.2 Changing your Password: select Change Password

- Passwords are case sensitive and need to be at least 8 characters long and include at least one (1) capital letter, one (1) number and one (1) symbol. The system functionality forces case sensitivity so you will need to enter the password the same as the initial set up. Example: Pass123!

- This screen will appear when you have successfully changed your password.


Change Your Password
Your password has been successfully updated , Please logout and login again to continue
Old Password:
New Password:
Confirm New Password:
Change Password

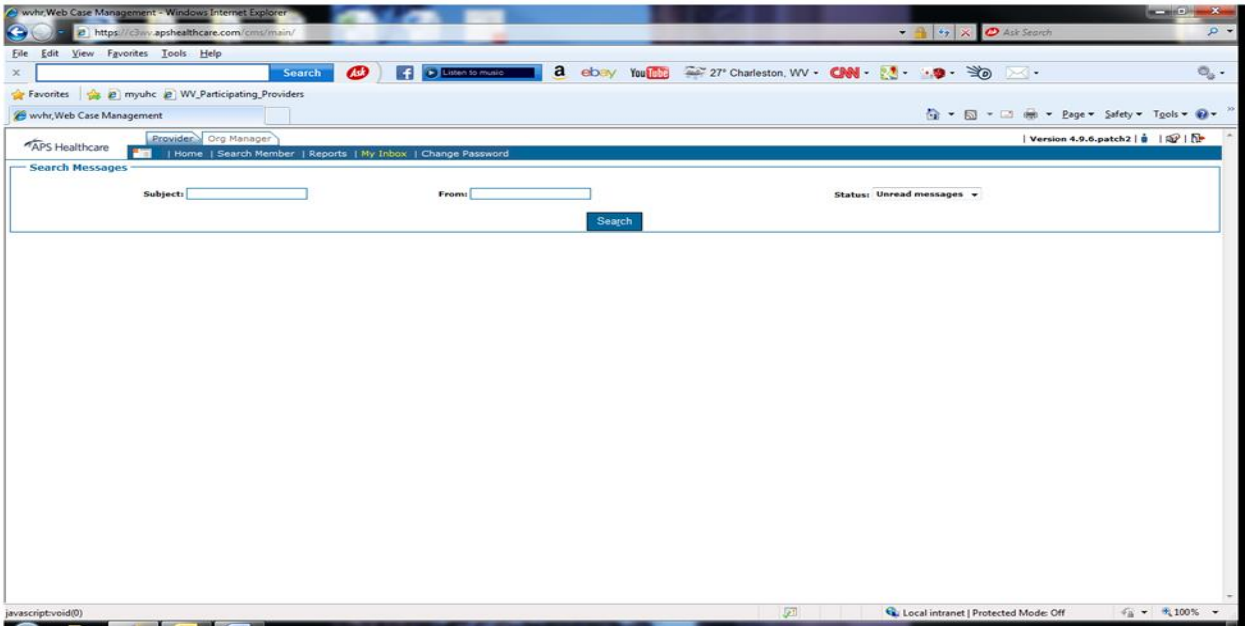
- You will be prompted to log back in with the new password once it is registered in the system.

Note: Please do not share your password with anyone. Your organization manager can assist with resetting your password as long as only two (2) unsuccessful attempts have been made to log in. If, when you have tried three (3) attempts to log on unsuccessfully, you will be locked out and need to call APS to have the password reset.

**DO NOT use the "back" and "forward" buttons at the top left of your screen as these will kick you out of the program completely. Also, DO NOT use the X button on the right top portion of the screen when on the Home page. This will also kick you out of the system. If you accidently use those buttons, you will need to log out and log back in to refresh the site. Not doing so will result in receiving system errors after you enter the episode type and you can lose any unsaved data.

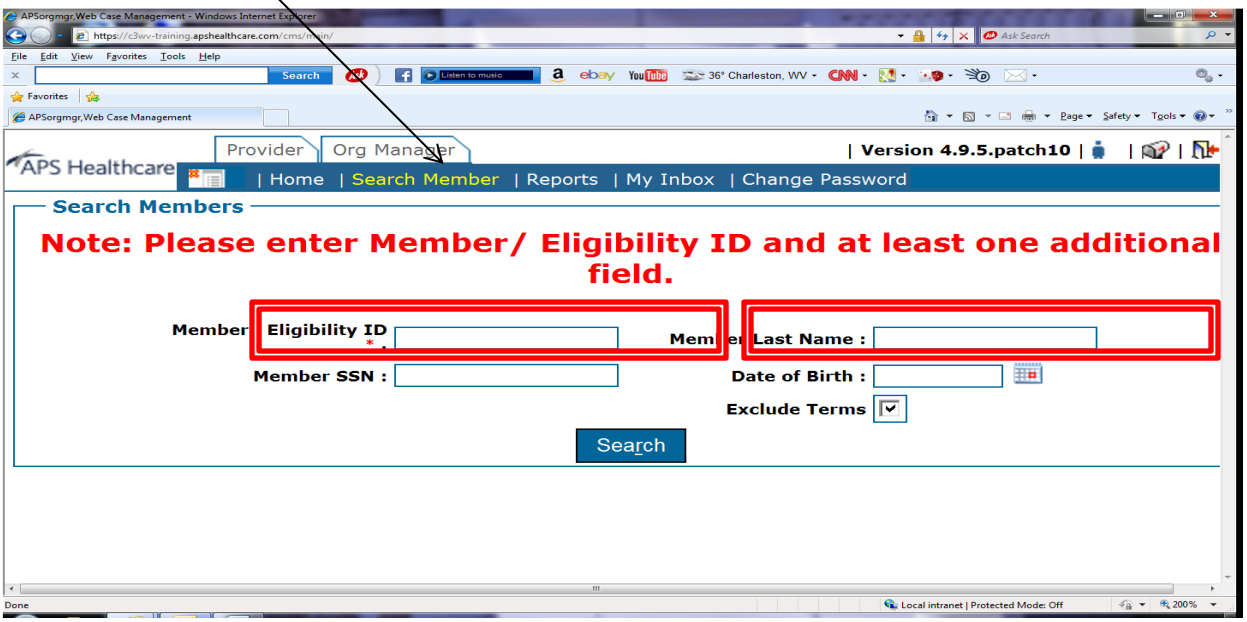
2.3 My Inbox: is a way to communicate within the system similar to an e-mail (Secure Messaging).

Messages can only be accessed within the C3 Web application.

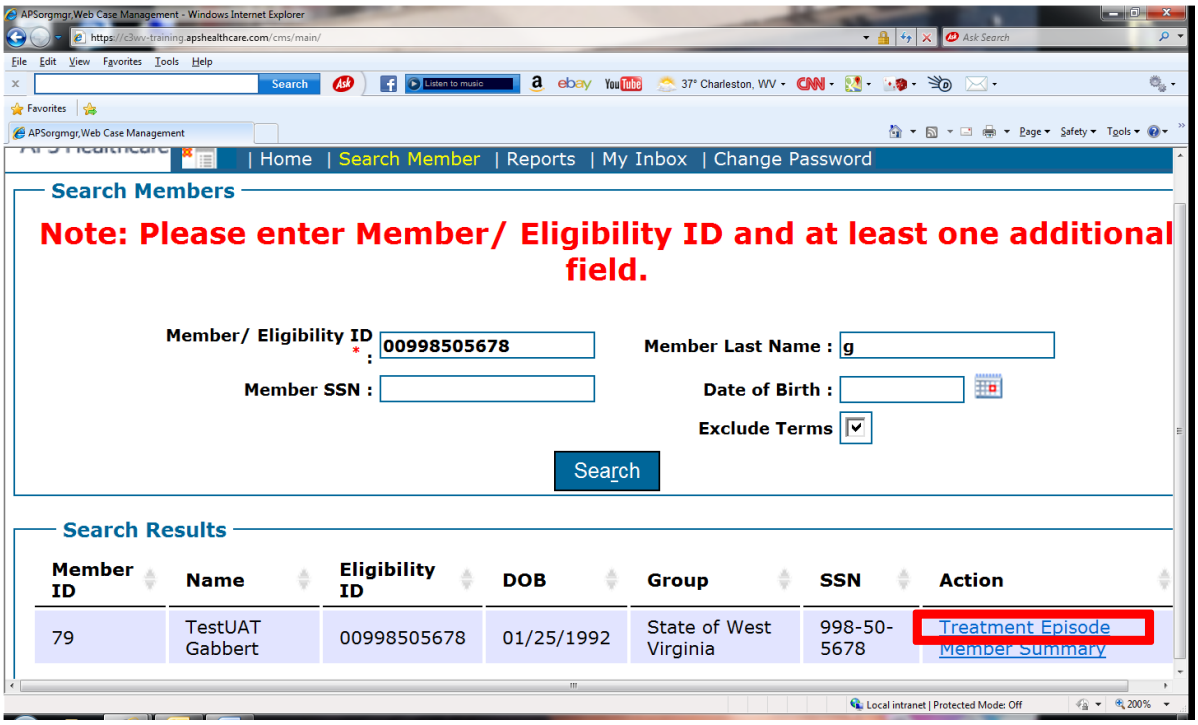


2.4 Submitting a Request

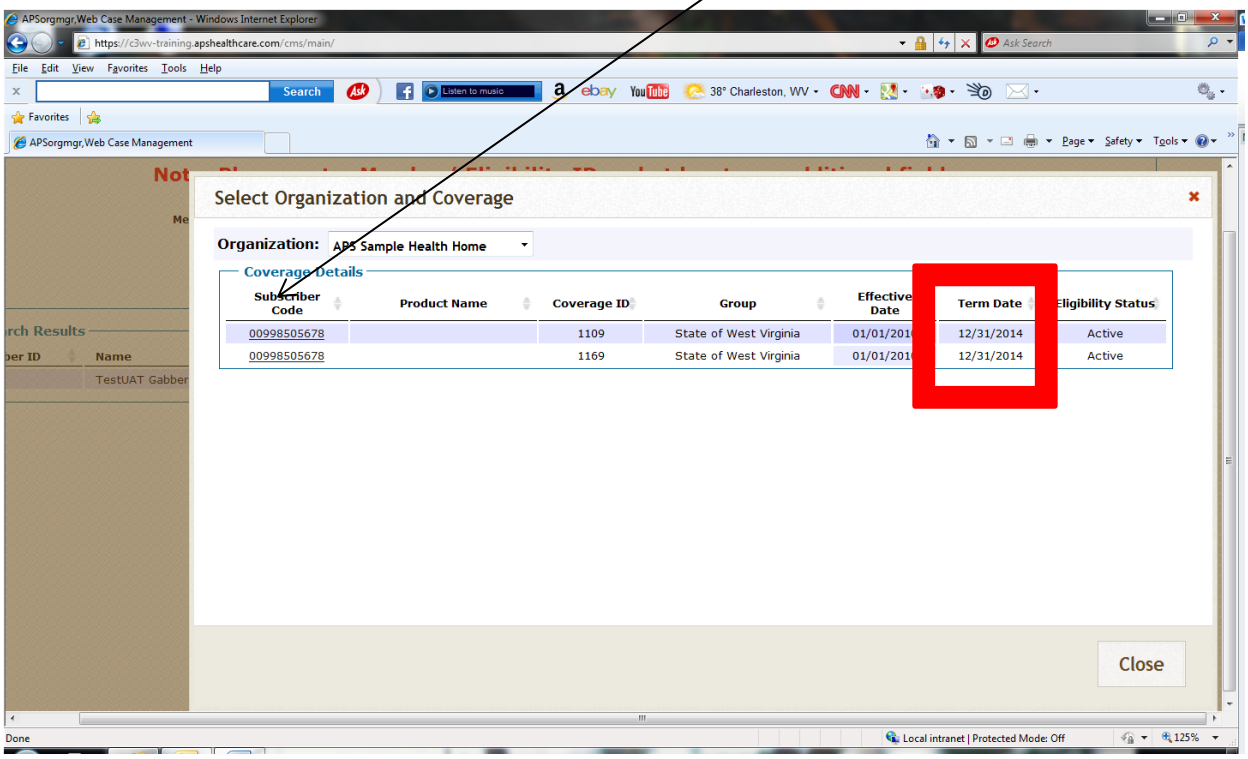
Click on Search Member, Enter Medicaid ID and first initial of last name, and then Search.



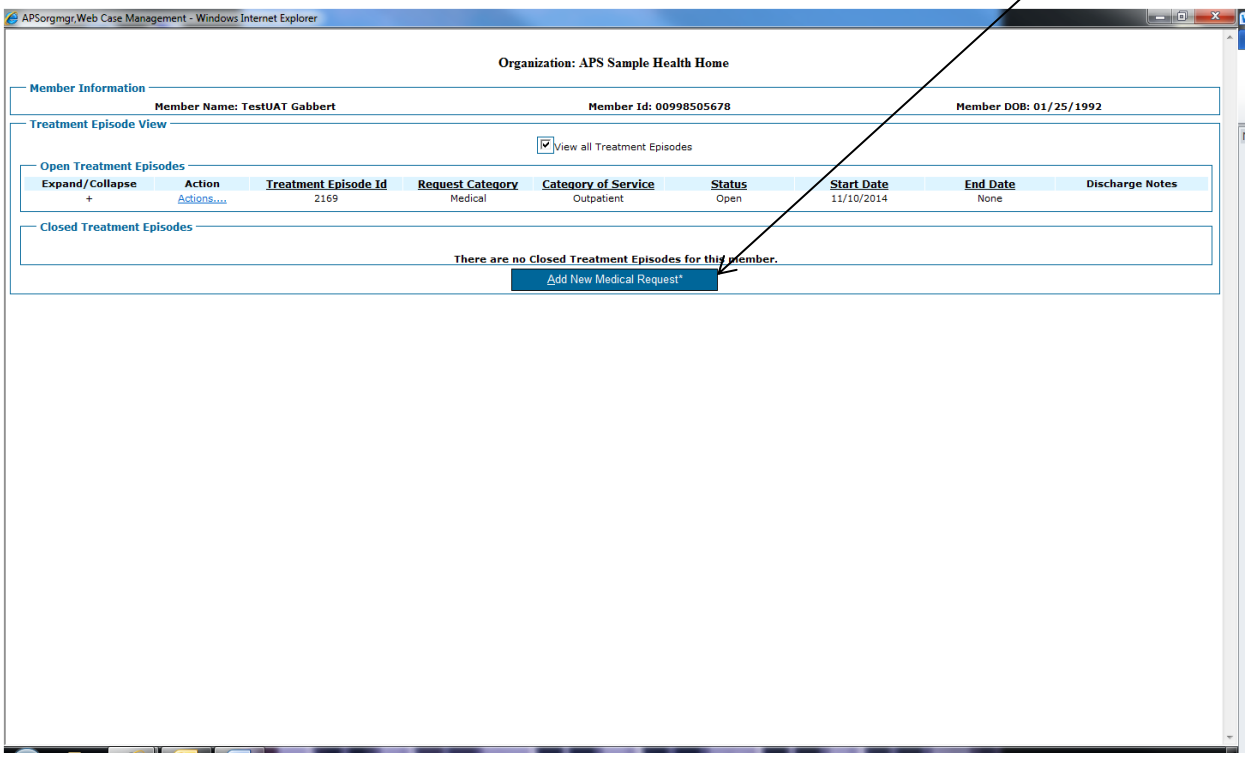
Once the search results populate, click on treatment episode.



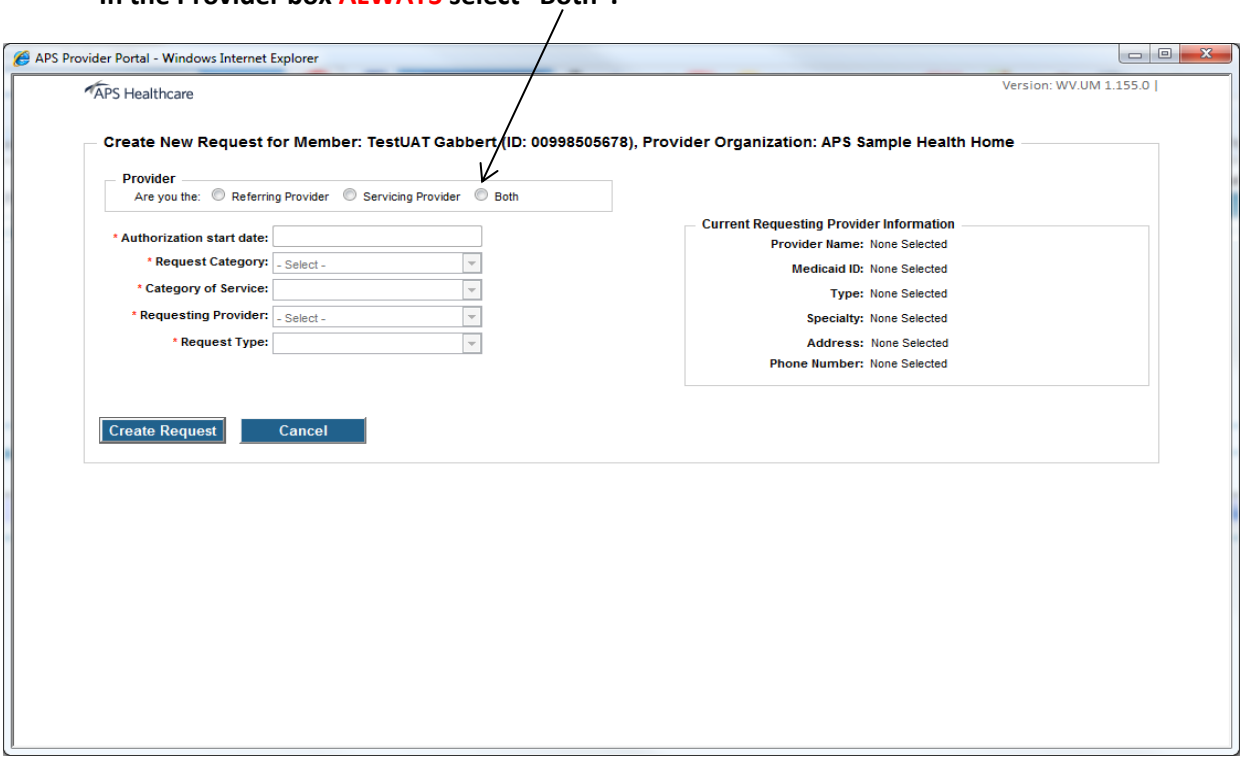
Coverage Details pop up box will appear. Verify coverage by looking at the term date column. Select the Subscriber code that is in effect by clicking on the subscriber code.



The next screen is the treatment episode screen. Here you will see all records that have been keyed in by or for your organization for this client. If there are none you wish to check on, click Add New Medical Request.



In the Provider box ALWAYS select "Both".


APS Provider Portal - Windows Internet Explorer
APS Healthcare
Version: WV.UM 1.155.0 |
Create New Request for Member: TestUAT Gabbert (ID: 00998505678), Provider Organization: APS Sample Health Home
Provider
Are you the: Referring Provider Servicing Provider Both
* Authorization start date:
* Request Category: - Select -
* Category of Service:
* Requesting Provider: - Select -
* Request Type:
Current Requesting Provider Information
Provider Name: None Selected
Medicaid ID: None Selected
Type: None Selected
Specialty: None Selected
Address: None Selected
Phone Number: None Selected
Create Request
Cancel

Enter all data in the fields marked with a red asterisk *. These are mandatory fields.

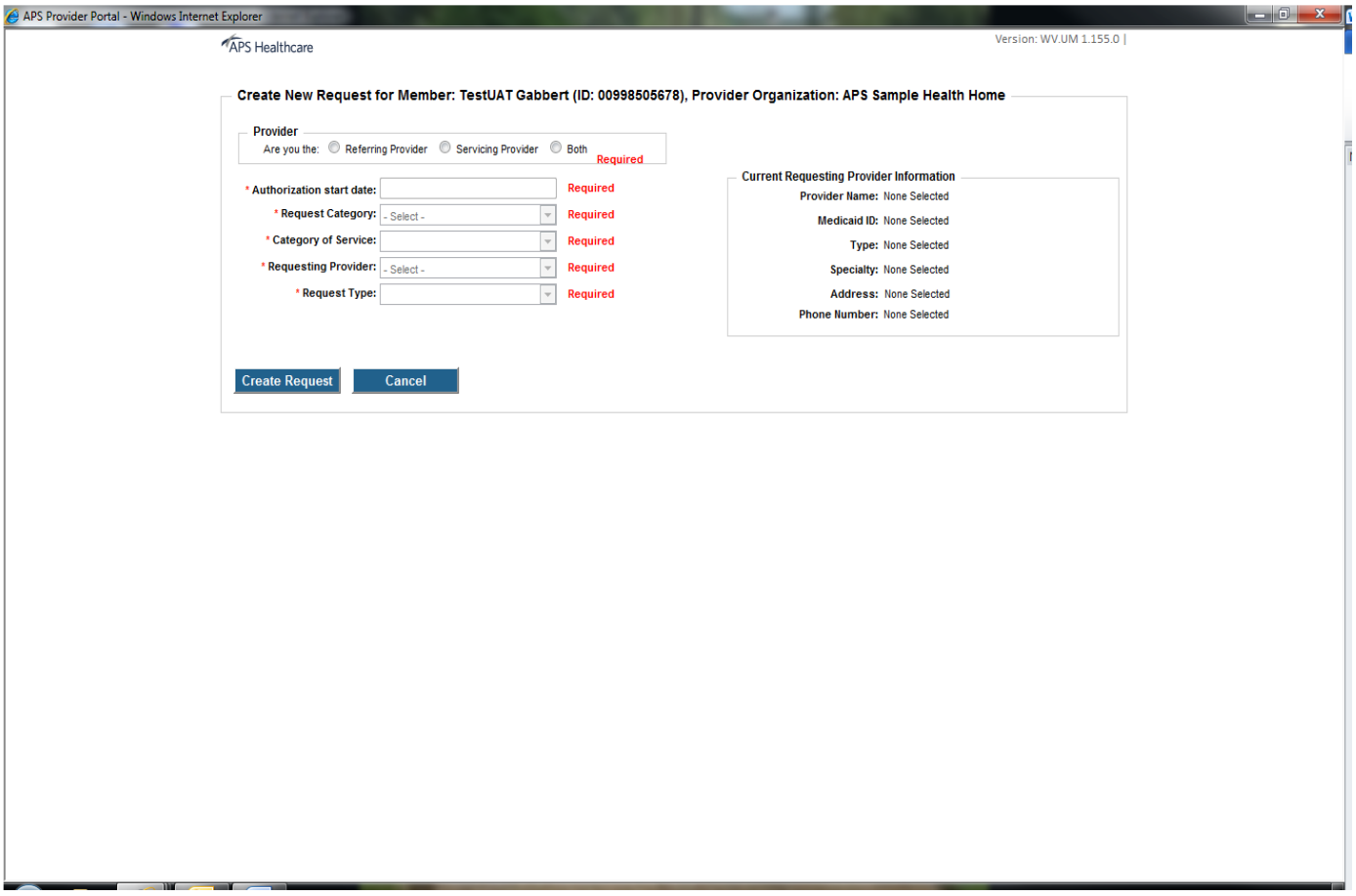
Authorization Start date: Enter the start date of the request

Request Category will always be: Medical

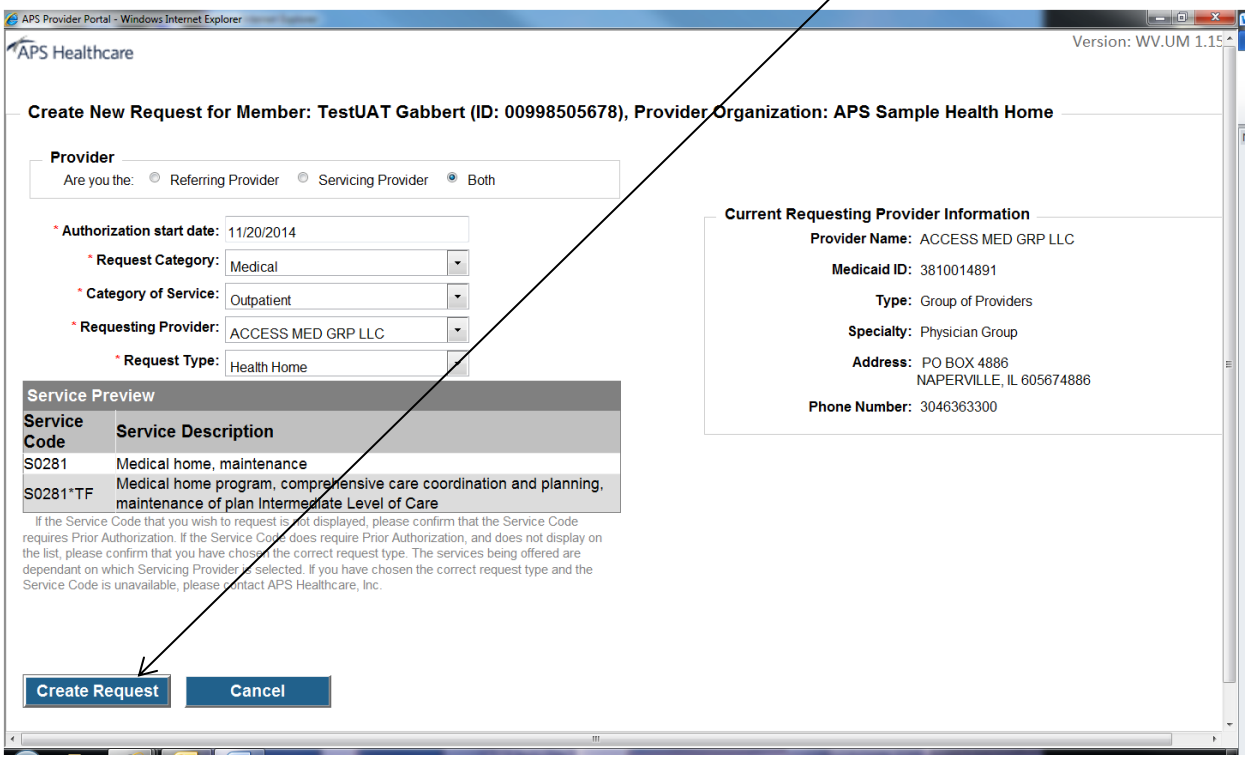
Category of Service will always be: Outpatient

Requesting Provider is: Your Agency

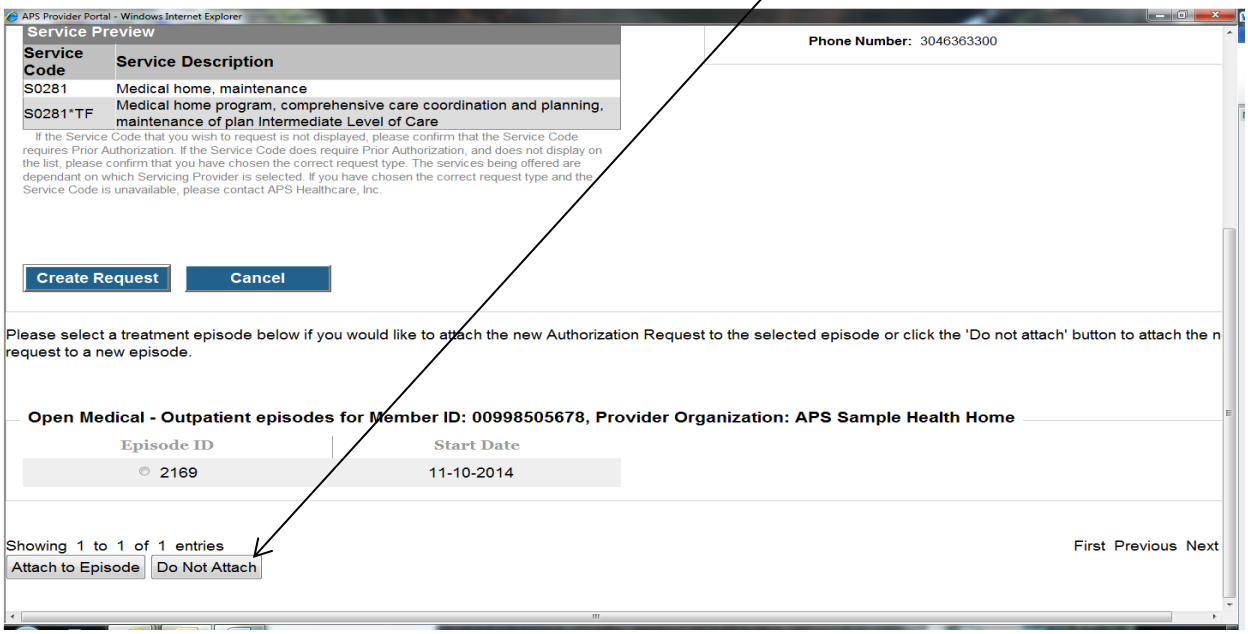
Request Type will always be: Health Home



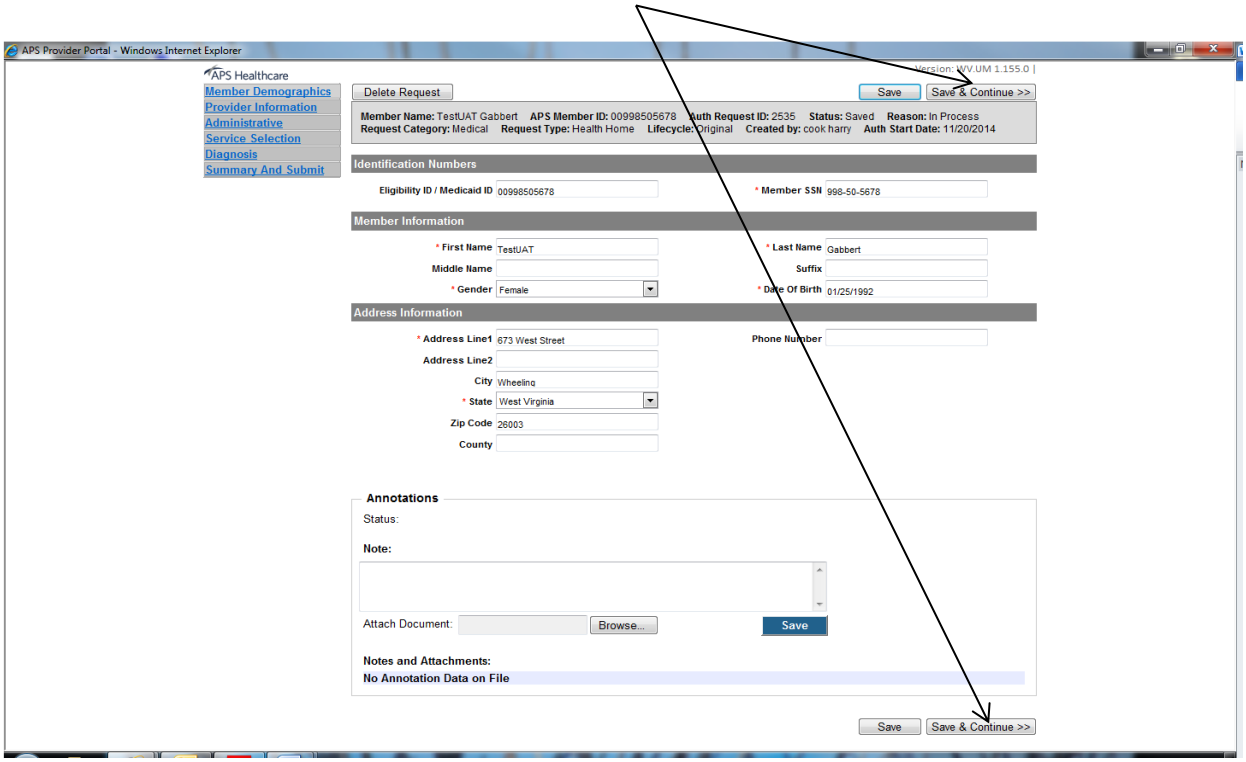
A pop up showing Service preview will appear. Click the create request button, and then continue.


APS Provider Portal - Windows Internet Explorer
APS Healthcare
Version: WV.UM 1.15
Create New Request for Member: TestUAT Gabbert (ID: 00998505678), Provider Organization: APS Sample Health Home
Provider
Are you the: Referring Provider Servicing Provider Both
* Authorization start date: 11/20/2014
* Request Category: Medical
* Category of Service: Outpatient
* Requesting Provider: ACCESS MED GRP LLC
* Request Type: Health Home
Current Requesting Provider Information
Provider Name: ACCESS MED GRP LLC
Medicaid ID: 3810014891
Type: Group of Providers
Specialty: Physician Group
Address: PO BOX 4886
NAPERVILLE, IL 605674886
Phone Number: 3046363300
Service Preview
Service Code
Service Description
S0281
Medical home, maintenance
S0281*TF
Medical home program, comprehensive care coordination and planning, maintenance of plan Intermediate Level of Care
If the Service Code that you wish to request is not displayed, please confirm that the Service Code requires Prior Authorization. If the Service Code does require Prior Authorization, and does not display on the list, please confirm that you have chosen the correct request type. The services being offered are dependant on which Servicing Provider is selected. If you have chosen the correct request type and the Service Code is unavailable, please contact APS Healthcare, Inc.
Create Request
Cancel

If other records/Treatment episodes are available, select DO NOT ATTACH. (This screen will not always apply)

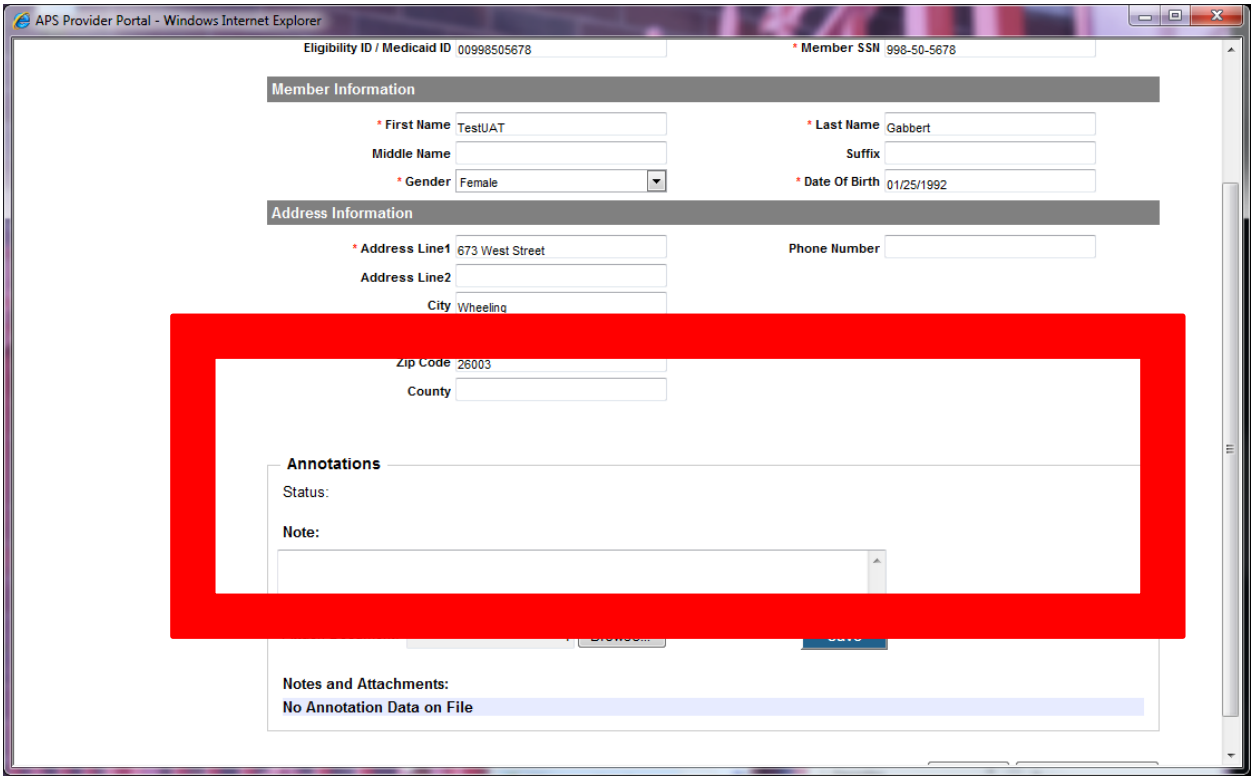

APS Provider Portal - Windows Internet Explorer
Service Preview
Service Code
Service Description
S0281
Medical home, maintenance
S0281*TF
Medical home program, comprehensive care coordination and planning, maintenance of plan Intermediate Level of Care
If the Service Code that you wish to request is not displayed, please confirm that the Service Code requires Prior Authorization. If the Service Code does require Prior Authorization, and does not display on the list, please confirm that you have chosen the correct request type. The services being offered are dependant on which Servicing Provider is selected. If you have chosen the correct request type and the Service Code is unavailable, please contact APS Healthcare, Inc.
Phone Number: 3046363300
Create Request
Cancel
Please select a treatment episode below if you would like to attach the new Authorization Request to the selected episode or click the 'Do not attach' button to attach the n request to a new episode.
Open Medical - Outpatient episodes for Member ID: 00998505678, Provider Organization: APS Sample Health Home
Episode ID
Start Date
2169
11-10-2014
Showing 1 to 1 of 1 entries
First Previous Next
Attach to Episode
Do Not Attach

This is the Member Demographics screen. It is auto populated by the patients Medicaid record. Verify the information is correct and the click "save and continue".

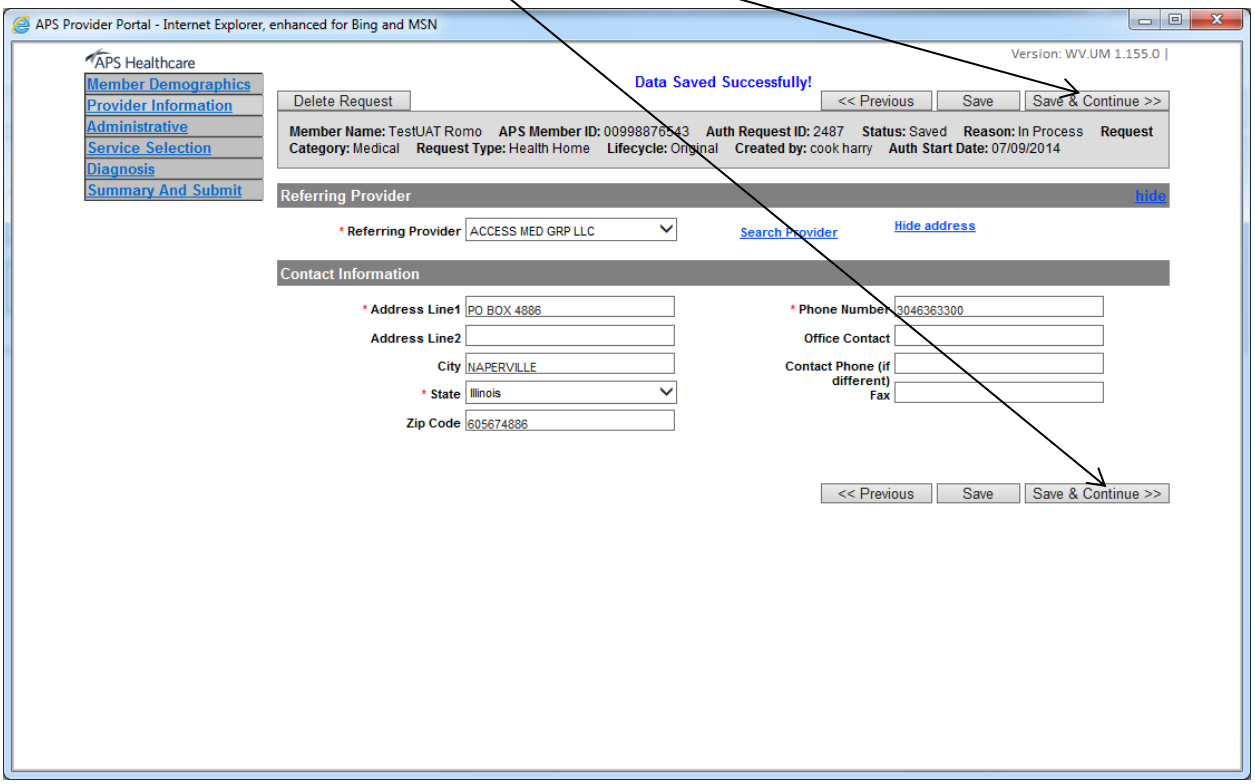


*****If you have notes or supporting documentation you may attach it using the annotations block on this page or any of the next pages. If a note, key it in the note block and click save.**

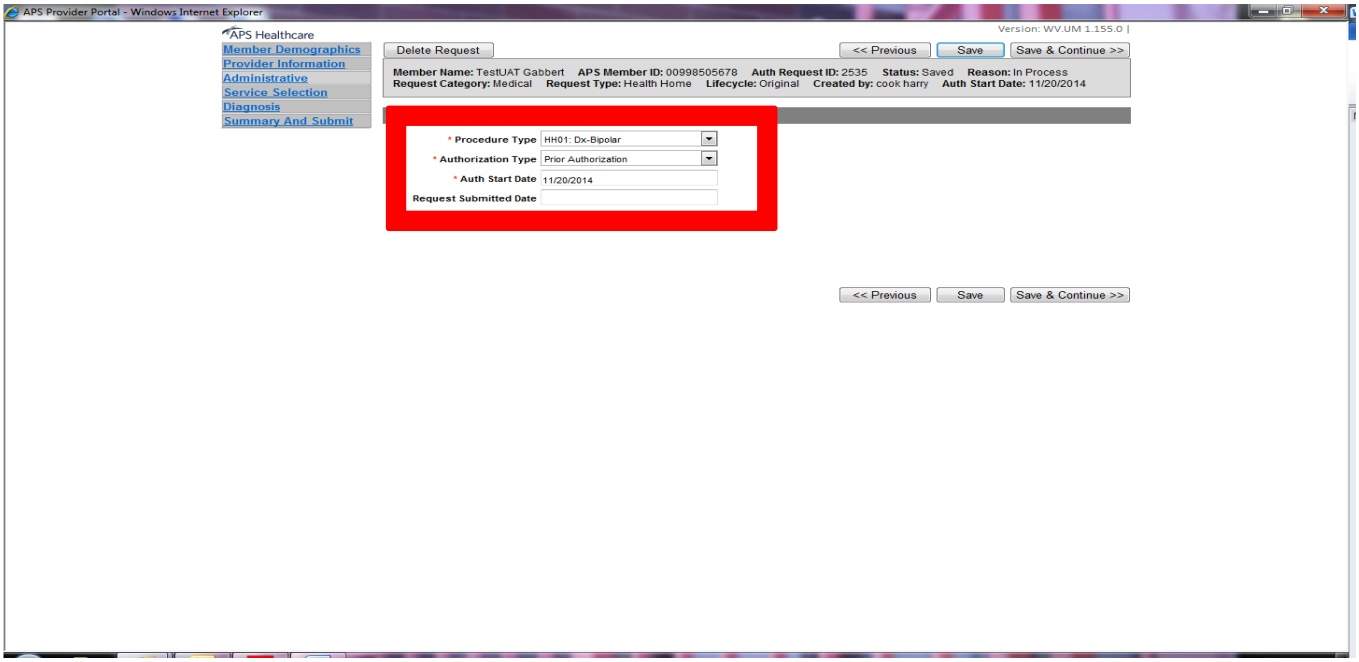
*****If an attachment, describe the attachment in the note box, click the browse button, locate your document and click save to attach.**



The next screen is the Referring Provider Information. This screen should auto populate. Verify the contact information and click "save and continue".

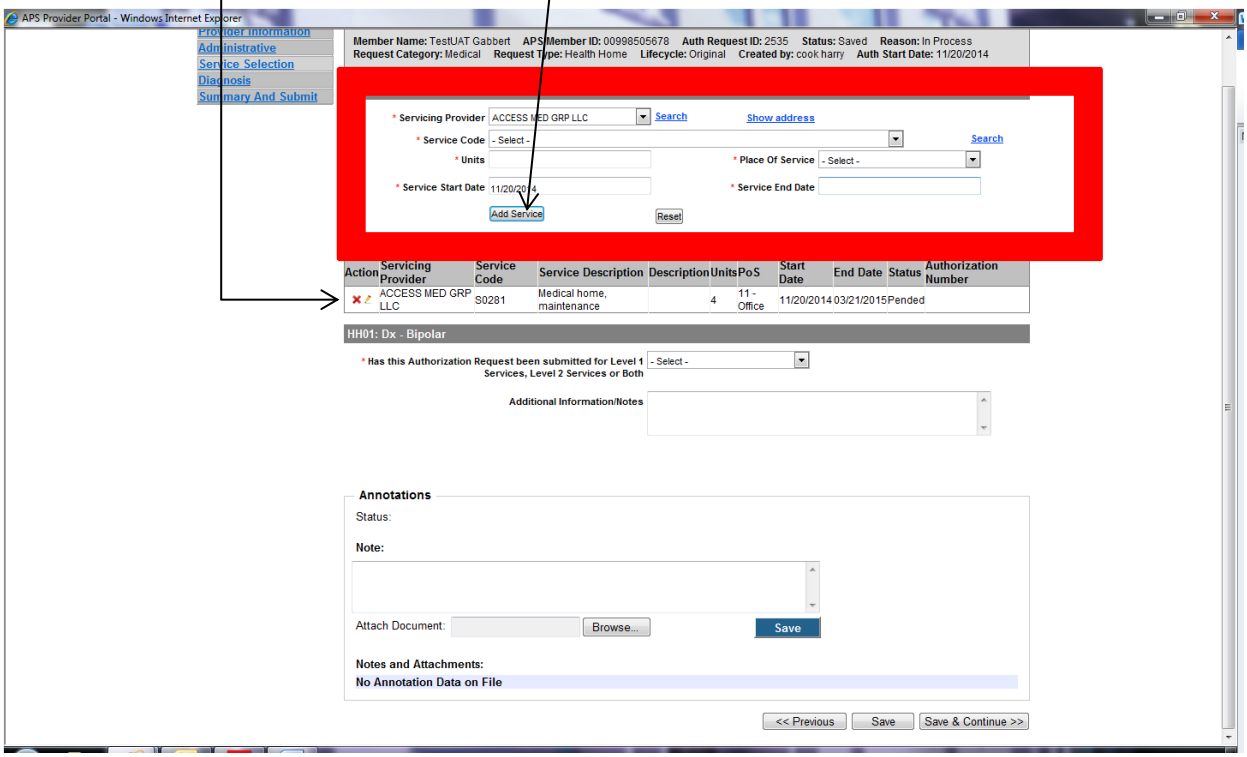


The Administrative screen is next. Procedure type should auto populate with: HH01 Dx Bi Polar. Authorization Type will be either prior authorization or Retrospective and enter the start date. Request Submitted Date will remain blank.

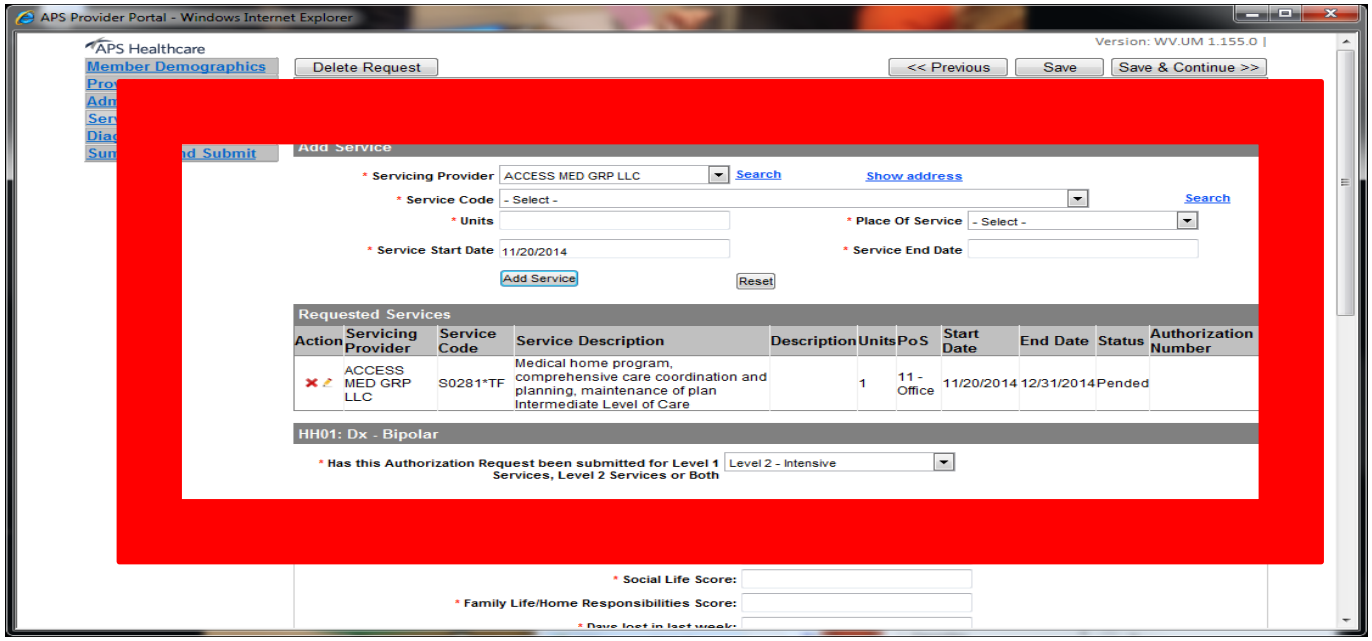


Next is the Service Selection screen: Servicing Provider will auto populate. Service Code: select dropdown and choose either Standard (S0281) or Intensive (S0281 TF). Units and Service End date will auto populate. Choose place of service and click Add Service.

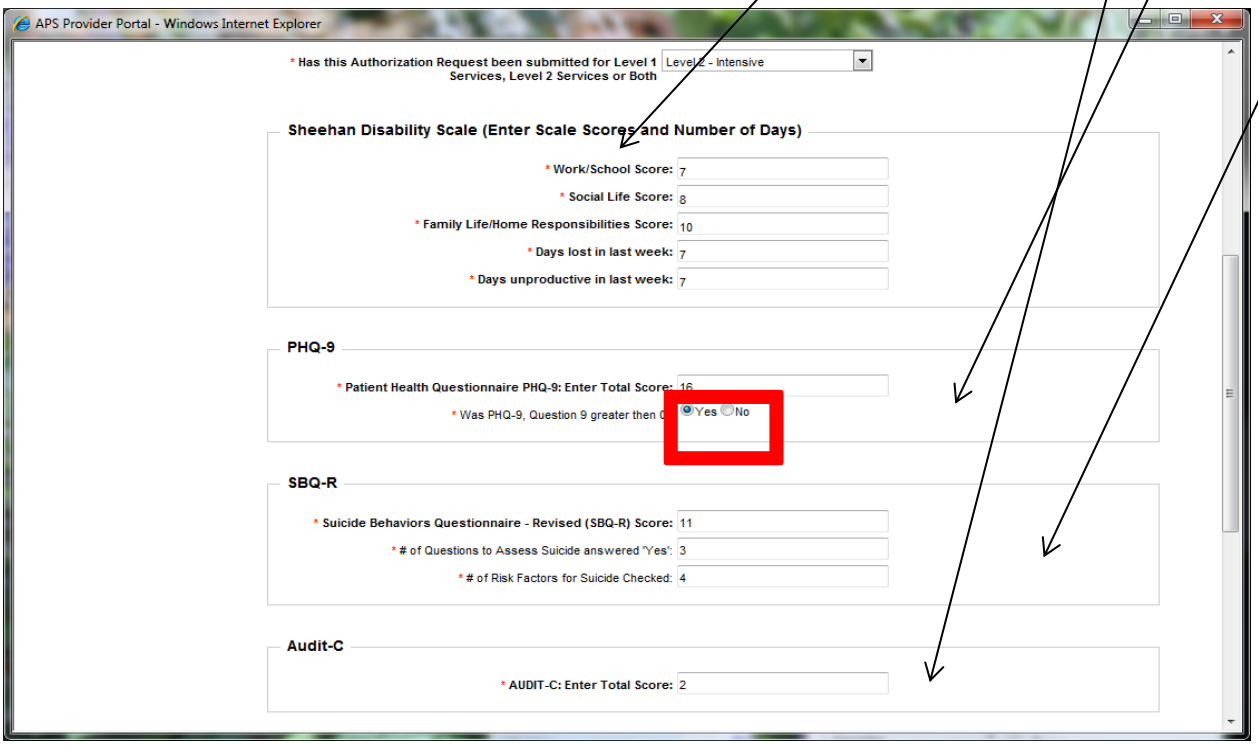
(The red X allows for you to delete a service. The pencil icon allows you to edit the service information.)


APS Provider Portal - Windows Internet Explorer
Provider Information
Administrative
Service Selection
Diagnosis
Summary And Submit
Member Name: TestUAT Gabbert APS Member ID: 00998505678 Auth Request ID: 2535 Status: Saved Reason: In Process
Request Category: Medical Request Type: Health Home Lifecycle: Original Created by: cook harry Auth Start Date: 11/20/2014
* Servicing Provider ACCESS MED GRP LLC Search Show address
* Service Code - Select - Search
* Units
* Place Of Service - Select -
* Service Start Date 11/20/2014
* Service End Date
Add Service
Reset
Action Servicing Provider Service Code Service Description Description Units PoS Start Date End Date Status Authorization Number
ACCESS MED GRP LLC S0281 Medical home, maintenance 4 11 - Office 11/20/2014 03/21/2015 Pended
HH01: Dx - Bipolar
* Has this Authorization Request been submitted for Level 1 Services, Level 2 Services or Both - Select -
Additional Information/Notes
Annotations
Status:
Note:
Attach Document: Browse...
Save
Notes and Attachments:
No Annotation Data on File
<< Previous
Save
Save & Continue >>

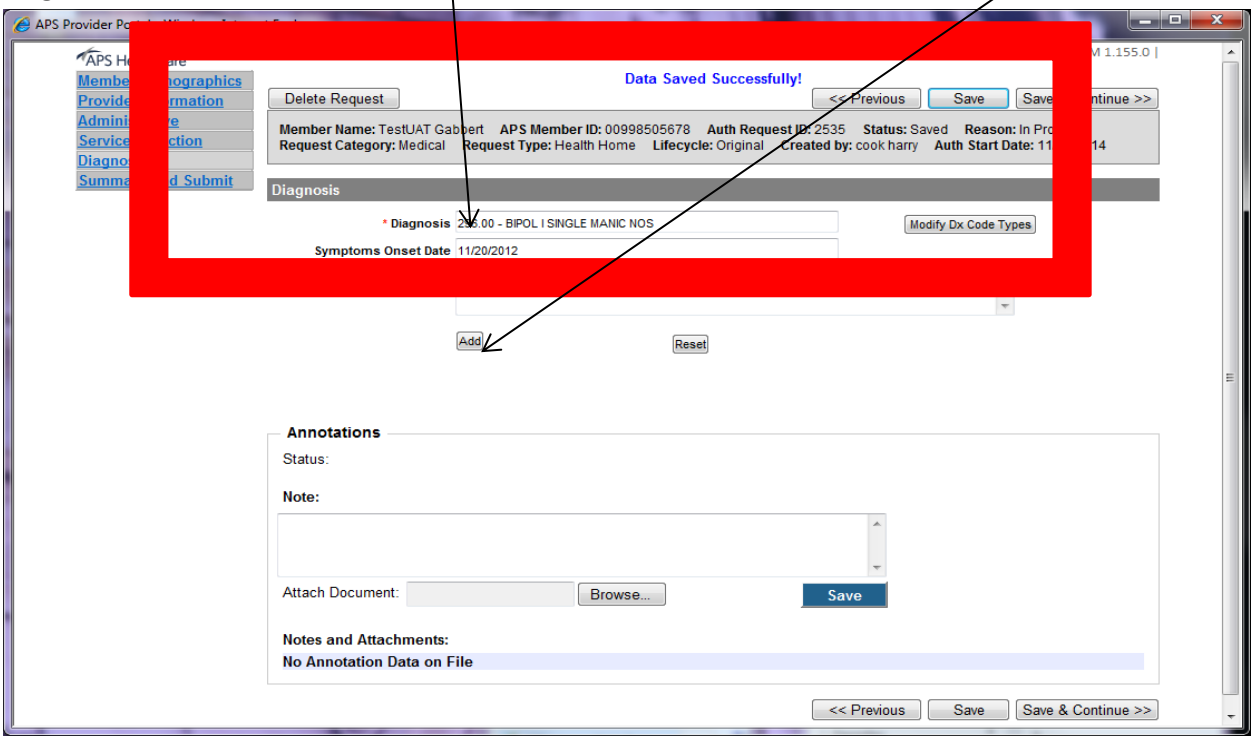
If requesting an Intensive S0281*TF Service additional information will be requested. Your assessment must have been completed within 2 WEEKS of the requested date for the intensive service.


APS Provider Portal - Windows Internet Explorer
APS Healthcare
Version: WV.UM 1.155.0
Member Demographics
Delete Request
<< Previous
Save
Save & Continue >>
Add Service
* Servicing Provider ACCESS MED GRP LLC Search Show address
* Service Code - Select - Search
* Units
* Place Of Service - Select -
* Service Start Date 11/20/2014
* Service End Date
Add Service
Reset
Requested Services
Action Servicing Provider Service Code Service Description Description Units PoS Start Date End Date Status Authorization Number
ACCESS MED GRP LLC S0281*TF Medical home program, comprehensive care coordination and planning, maintenance of plan Intermediate Level of Care 1 11 - Office 11/20/2014 12/31/2014 Pended
HH01: Dx - Bipolar
* Has this Authorization Request been submitted for Level 1 Services, Level 2 Services or Both Level 2 - Intensive
* Social Life Score:
* Family Life/Home Responsibilities Score:

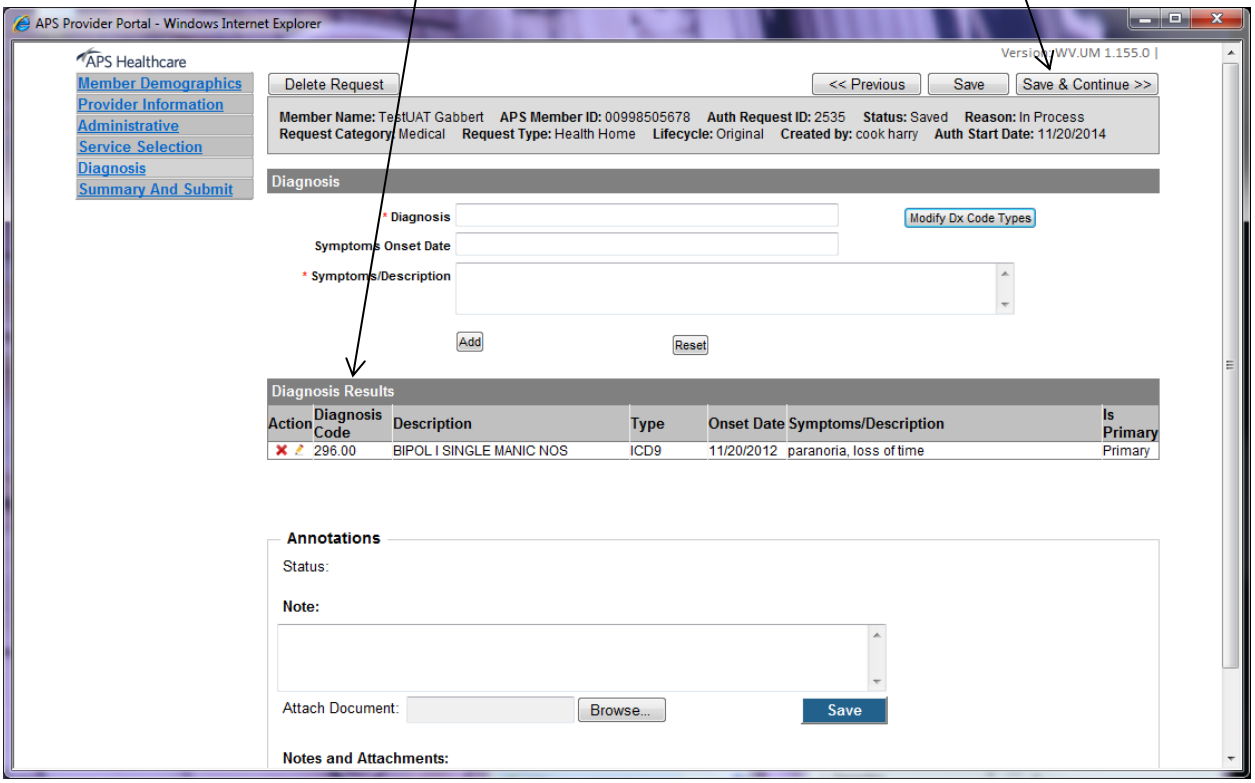
You will need to enter data from the Recent Assessment for the Sheehan Disability Scale, PHQ-9, and SBQ-R (the SBQ-R will not appear if you do not select yes on the PHQ-9 on Question-9) and Audit-C. Ensure an updated Assessment has been created to reflect the need for authorizing the Intensive Authorization. You also may add any notes in this section as to why a Level II is being requested.


APS Provider Portal - Windows Internet Explorer
* Has this Authorization Request been submitted for Level 1 Services, Level 2 Services or Both
Level 2 - Intensive
Sheehan Disability Scale (Enter Scale Scores and Number of Days)
* Work/School Score: 7
* Social Life Score: 8
* Family Life/Home Responsibilities Score: 10
* Days lost in last week: 7
* Days unproductive in last week: 7
PHQ-9
* Patient Health Questionnaire PHQ-9: Enter Total Score: 16
* Was PHQ-9, Question 9 greater then 0
Yes
No
SBQ-R
* Suicide Behaviors Questionnaire - Revised (SBQ-R) Score: 11
* # of Questions to Assess Suicide answered 'Yes': 3
* # of Risk Factors for Suicide Checked: 4
Audit-C
* AUDIT-C: Enter Total Score: 2

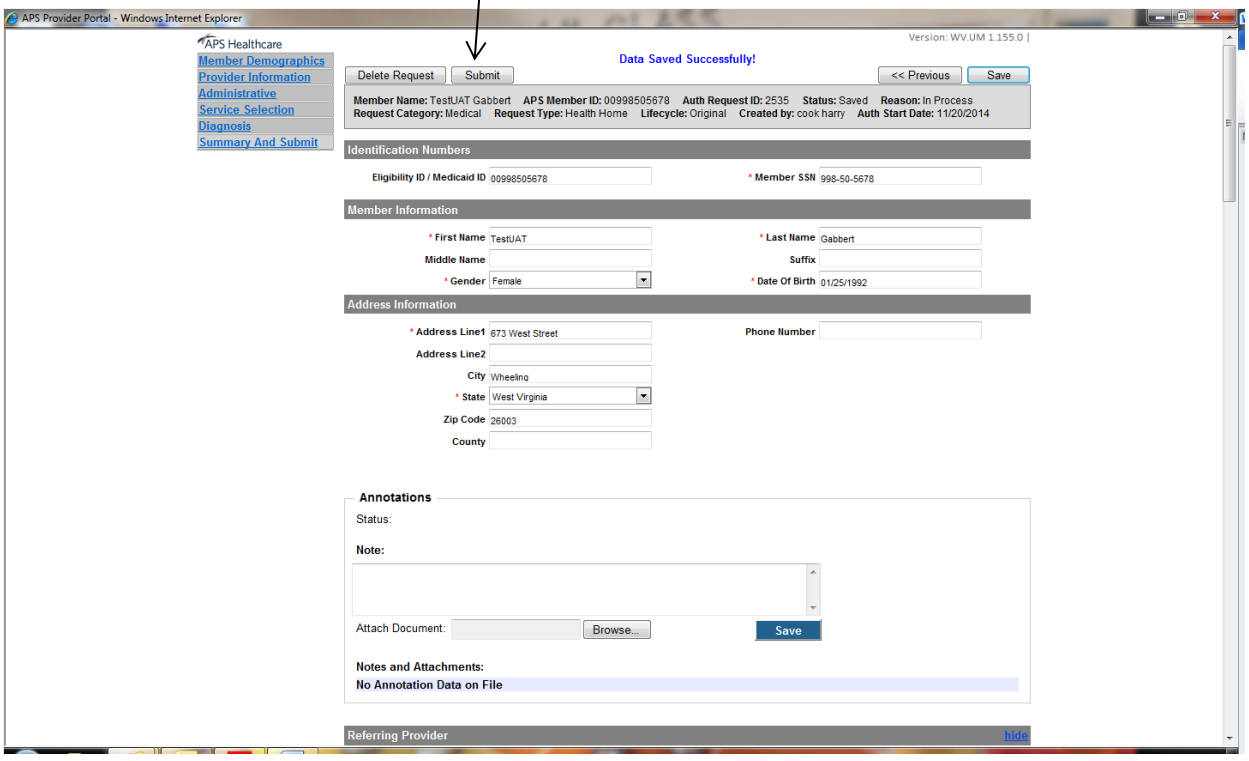
Diagnosis screen: Type in the first three digits of the ICD Diagnosis code and select the correct DX from the drop down. Symptoms Onset Date can be left blank. Add symptoms and select the Add button to add the diagnosis.



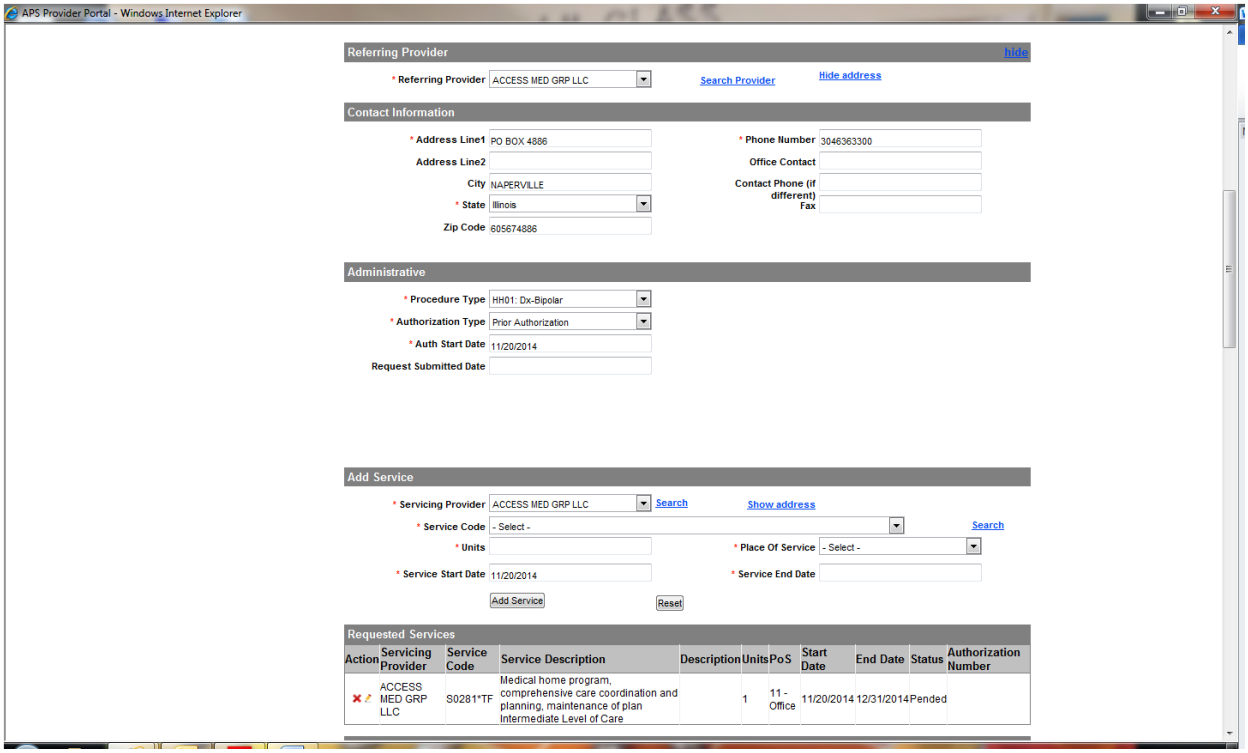
This will bring up the Diagnosis Results for the Diagnosis entered. Remember to save & continue.



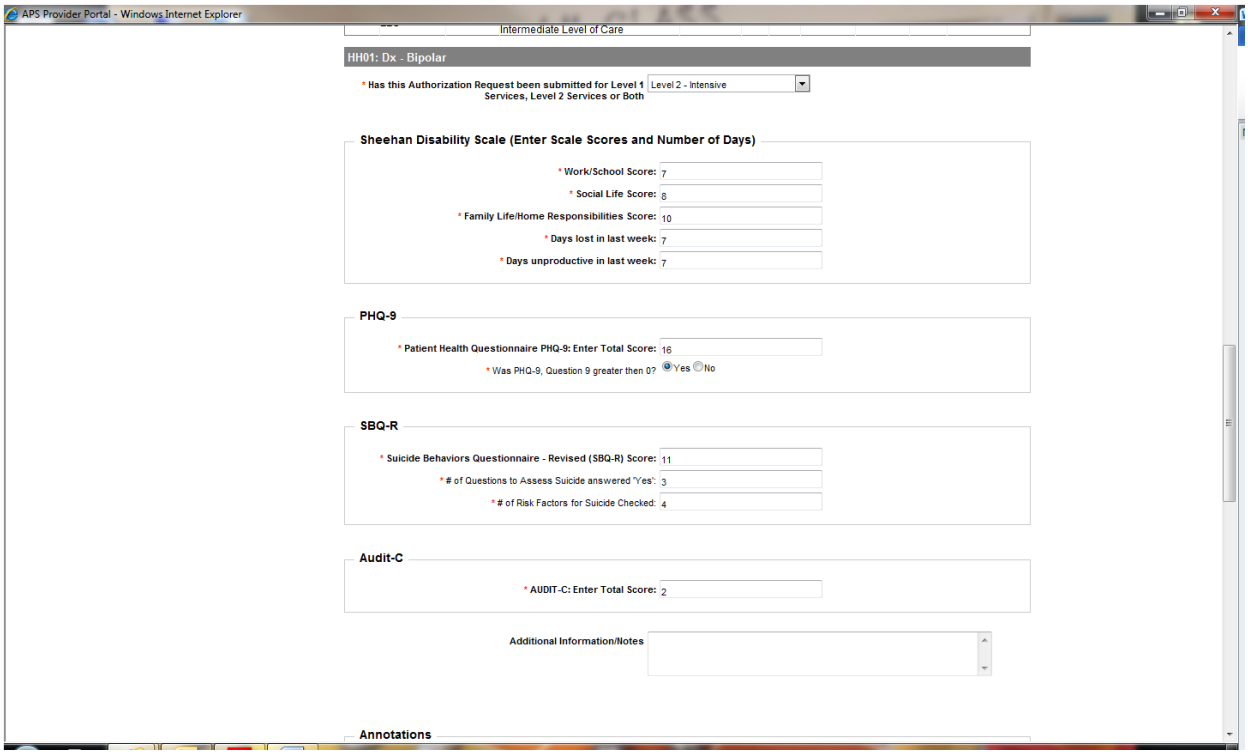
Next is the Summary and Submit Screens. This allows you to review your record for correctness before submitting.



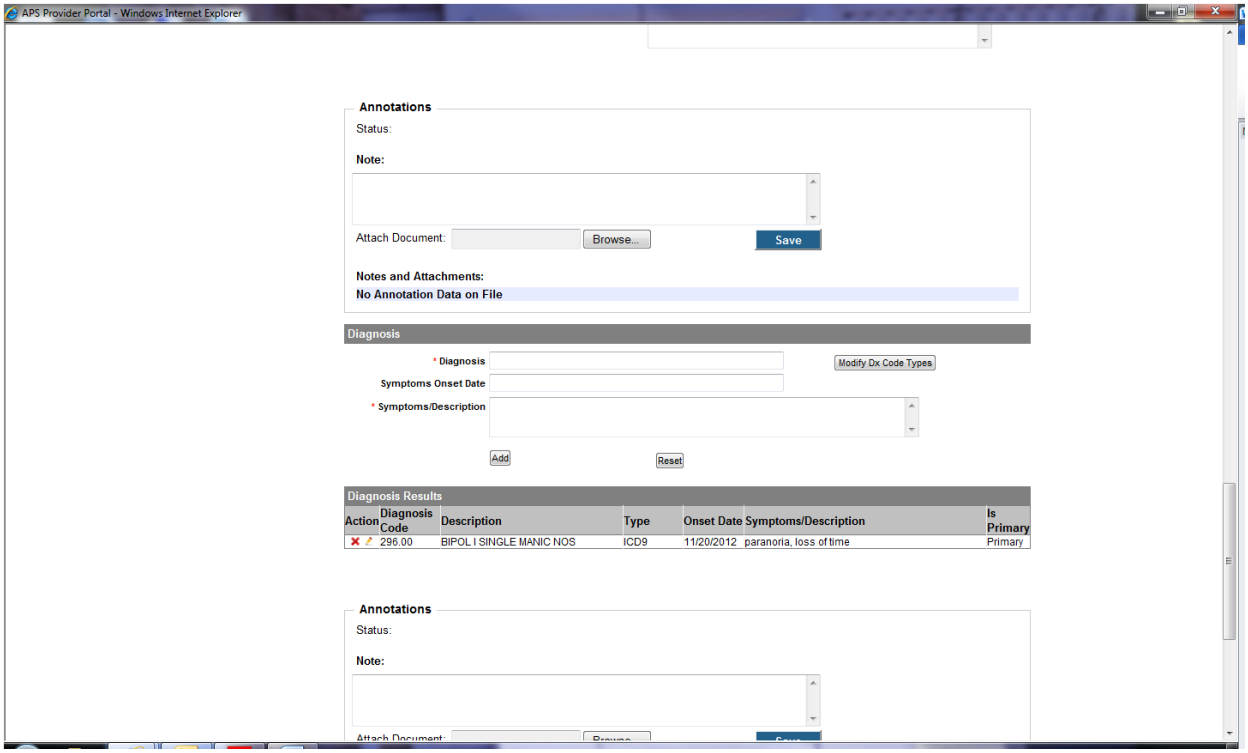
Review



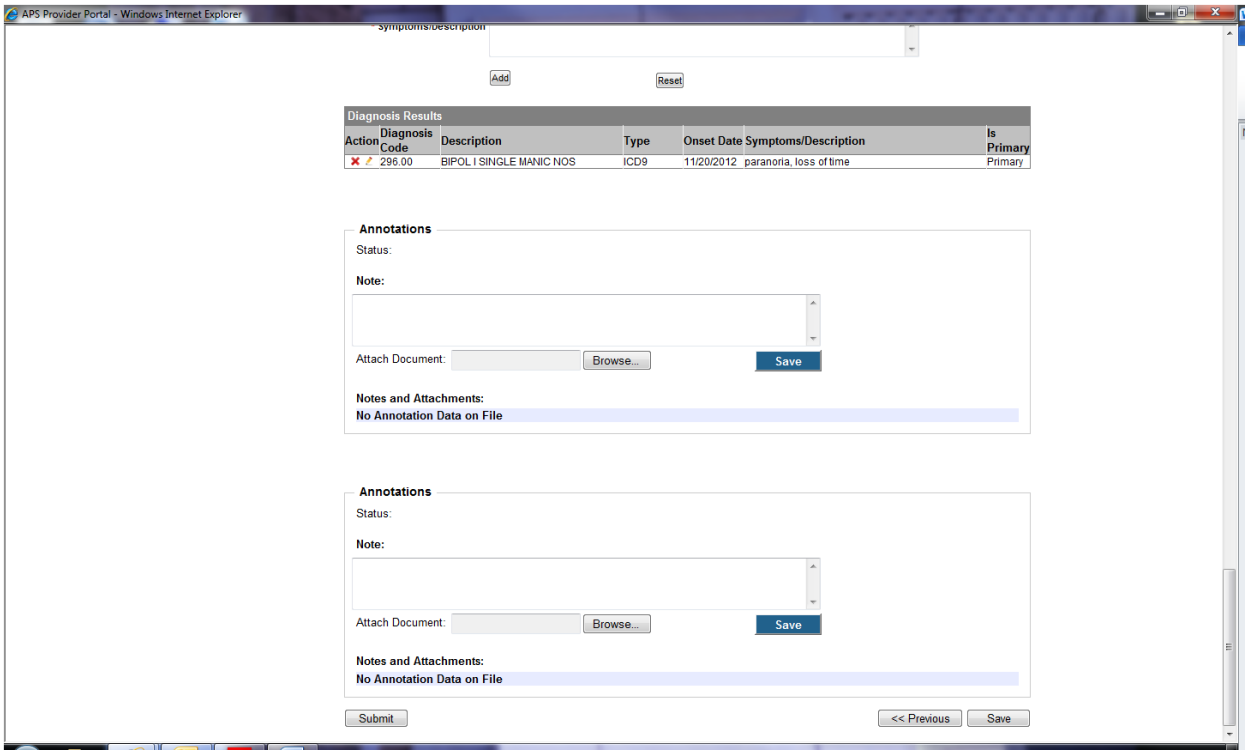
Review


APS Provider Portal - Windows Internet Explorer
Intermediate Level of Care
HH01: Dx - Bipolar
* Has this Authorization Request been submitted for Level 1 Services, Level 2 Services or Both
Level 2 - Intensive
Sheehan Disability Scale (Enter Scale Scores and Number of Days)
* Work/School Score: 7
* Social Life Score: 8
* Family Life/Home Responsibilities Score: 10
* Days lost in last week: 7
* Days unproductive in last week: 7
PHQ-9
* Patient Health Questionnaire PHQ-9: Enter Total Score: 16
* Was PHQ-9, Question 9 greater then 0? Yes No
SBQ-R
* Suicide Behaviors Questionnaire - Revised (SBQ-R) Score: 11
* # of Questions to Assess Suicide answered "Yes": 3
* # of Risk Factors for Suicide Checked: 4
Audit-C
* AUDIT-C: Enter Total Score: 2
Additional Information/Notes
Annotations

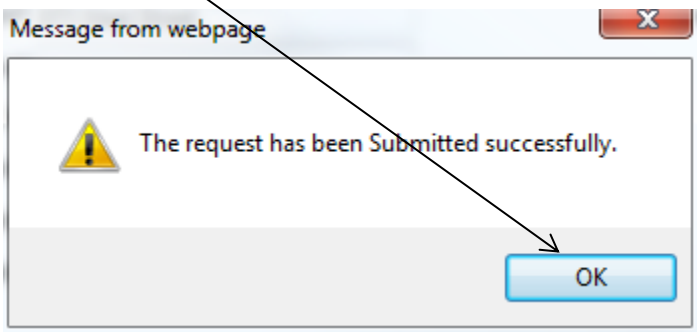
Review



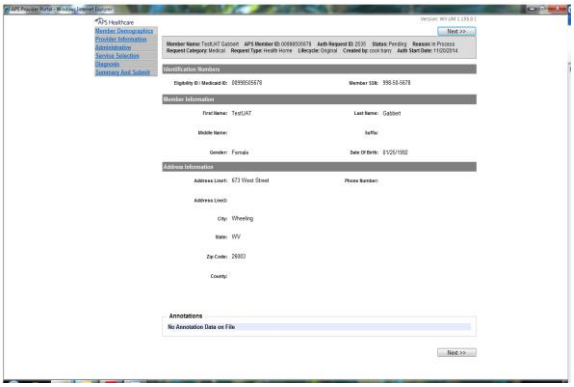
If correct, Click the Submit Button at the top of the Summary page. Submitting at the top of the page allows you to see any errors (shown in Red) that the system will need you to correct or a warnings box. If a warnings box appears click the continue button.

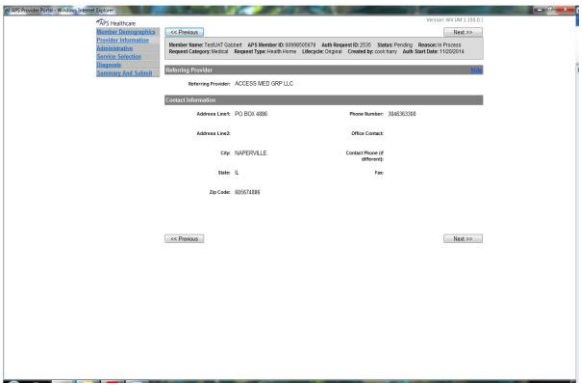


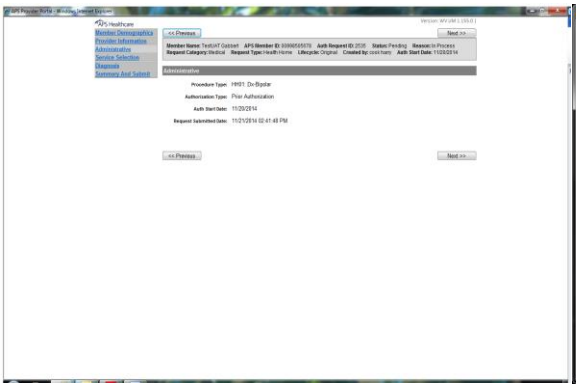
Click OK.

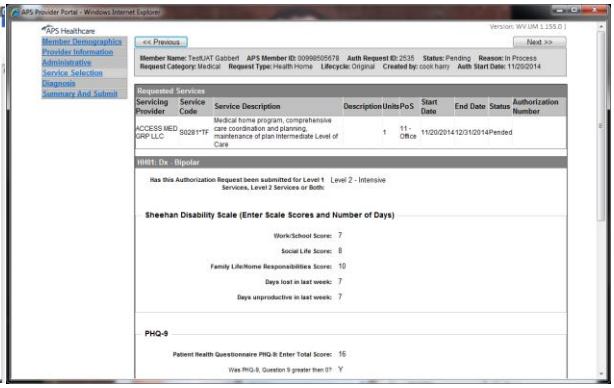


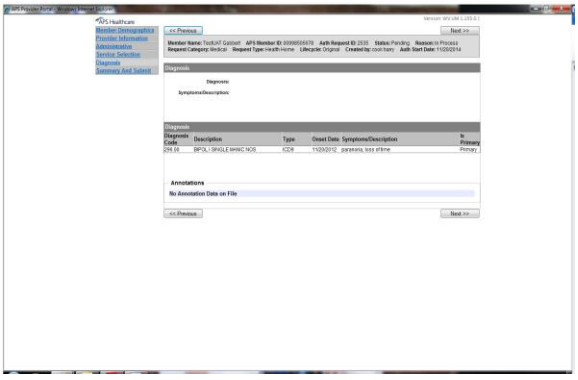
This will bring up another set of screens that will review your request again. You may X out of these pages at any time to return to the Home Tab.





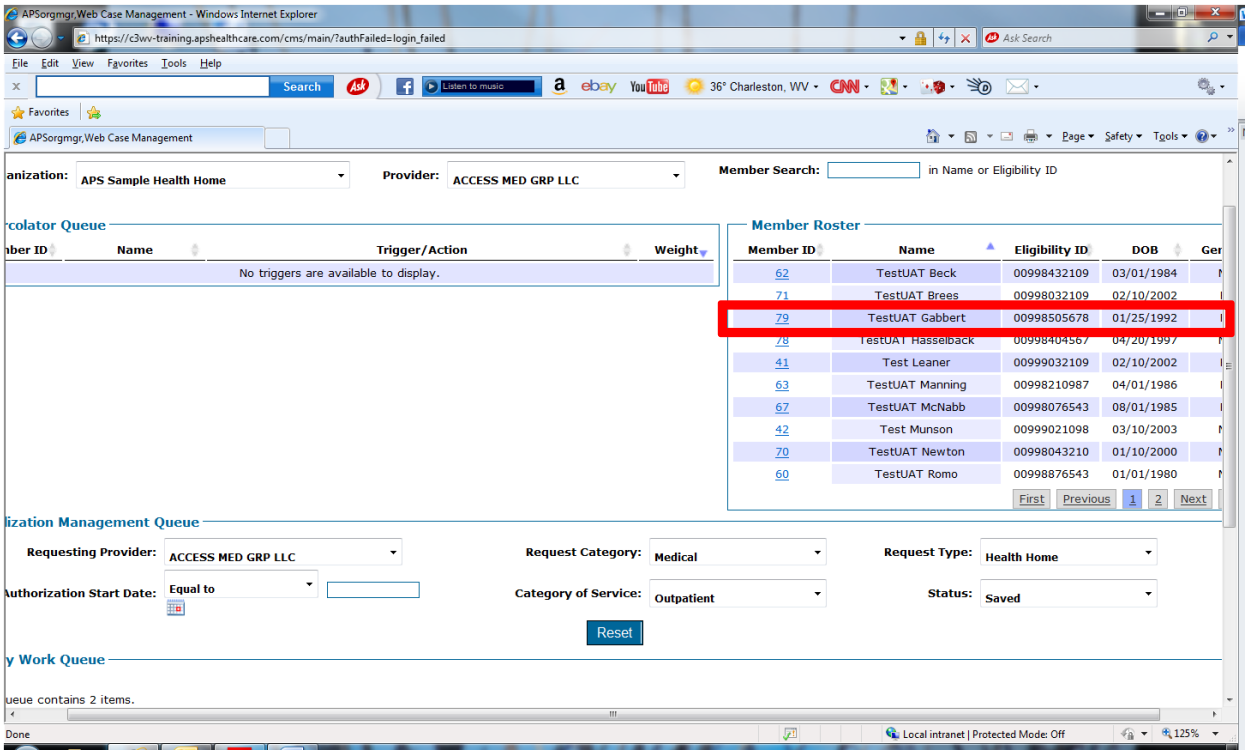




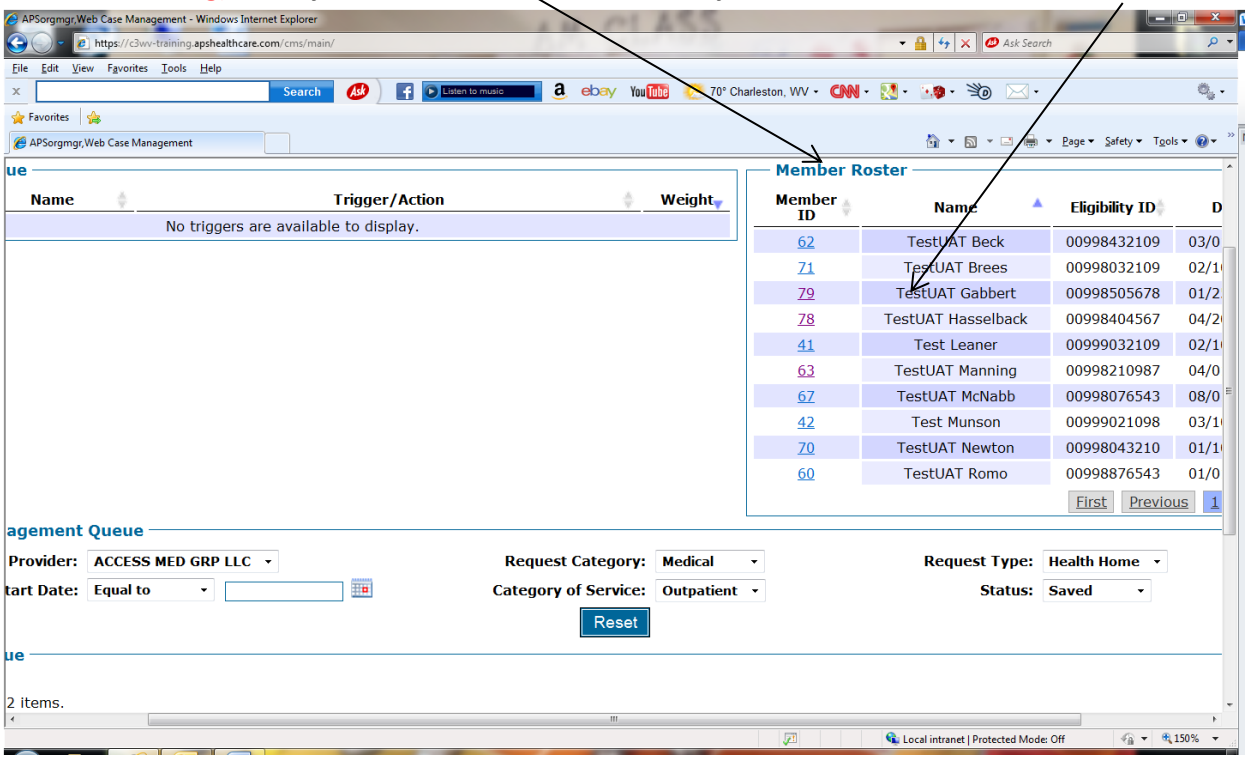


This record will now be reflected on the Member Roster.

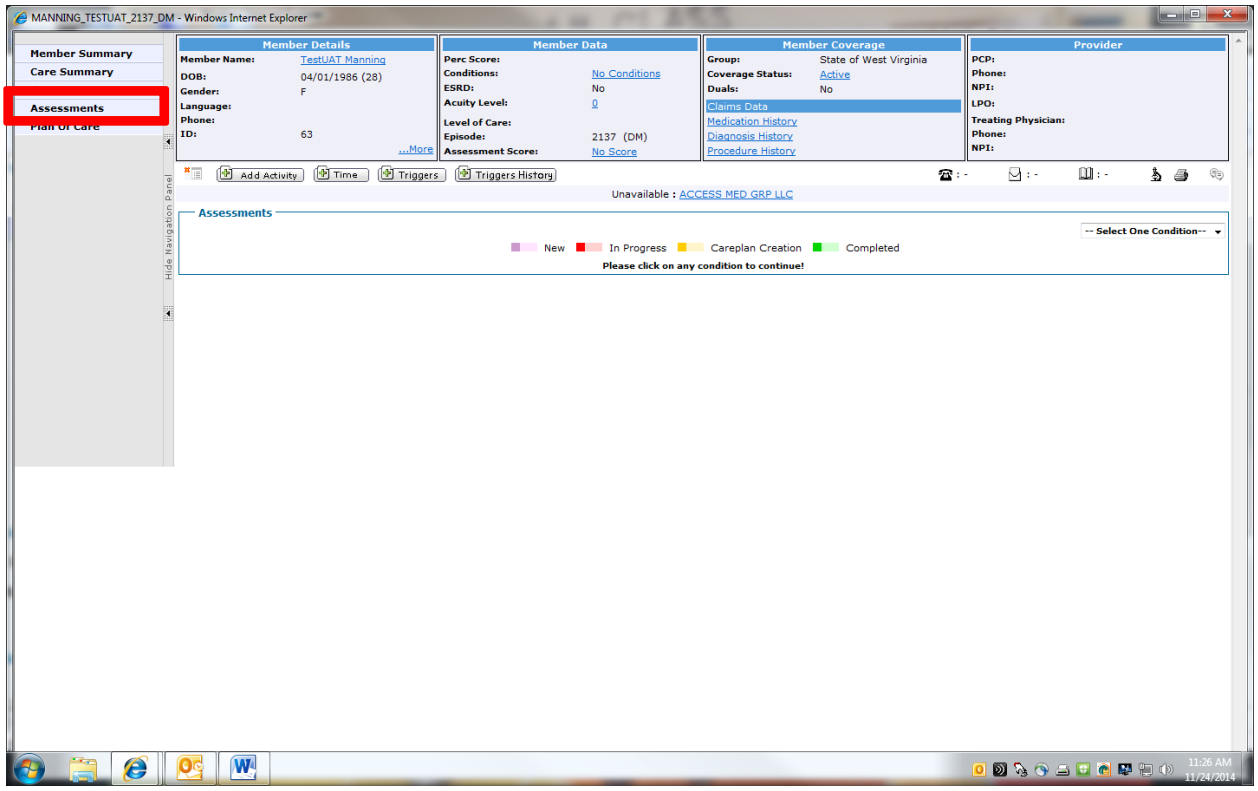
Once submitted, ensure there is an assessment created in the system to support your request within 10 business days.


APSorgmgr,Web Case Management - Windows Internet Explorer
https://c3wv-training.apshealthcare.com/cms/main/?authFailed=login_failed
anization: APS Sample Health Home
Provider: ACCESS MED GRP LLC
Member Search: in Name or Eligibility ID
colator Queue
Member Roster
Member ID Name Eligibility ID DOB
62 TestUAT Beck 00998432109 03/01/1984
71 TestUAT Brees 00998032109 02/10/2002
79 TestUAT Gabbert 00998505678 01/25/1992
78 TestUAT Hasselback 00998404567 04/20/1997
41 Test Leaner 00999032109 02/10/2002
63 TestUAT Manning 00998210987 04/01/1986
67 TestUAT McNabb 00998076543 08/01/1985
42 Test Munson 00999021098 03/10/2003
70 TestUAT Newton 00998043210 01/10/2000
60 TestUAT Romo 00998876543 01/01/1980
First Previous 1 2 Next
No triggers are available to display.
ization Management Queue
Requesting Provider: ACCESS MED GRP LLC
Request Category: Medical
Request Type: Health Home
Authorization Start Date: Equal to
Category of Service: Outpatient
Status: Saved
Reset
y Work Queue
ueue contains 2 items.

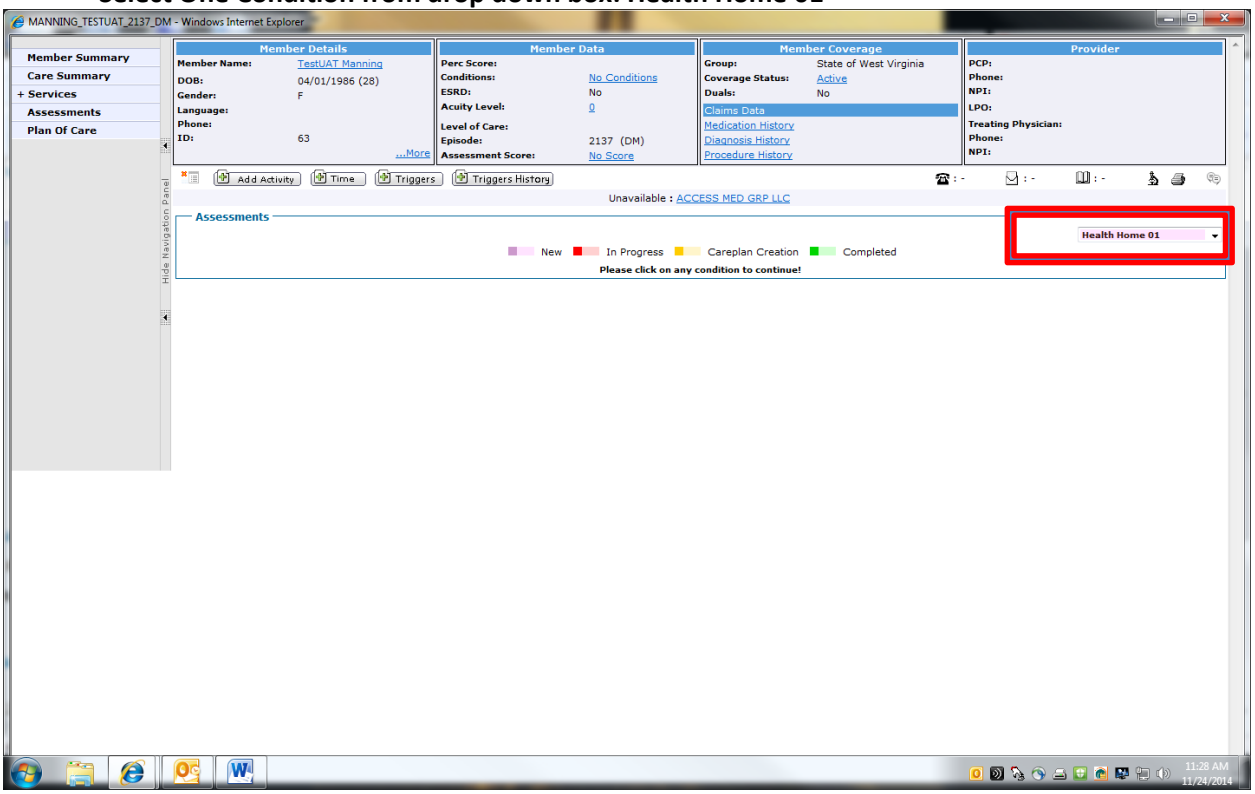
2.5 Documentation of your Assessment: (Please be careful and read each question thoroughly before answering) Go to your Member Roster and choose your member. Click on the Member ID.



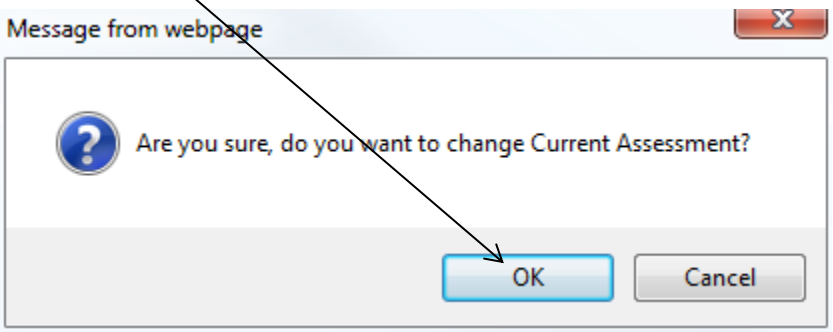
Then Click on Assessments.



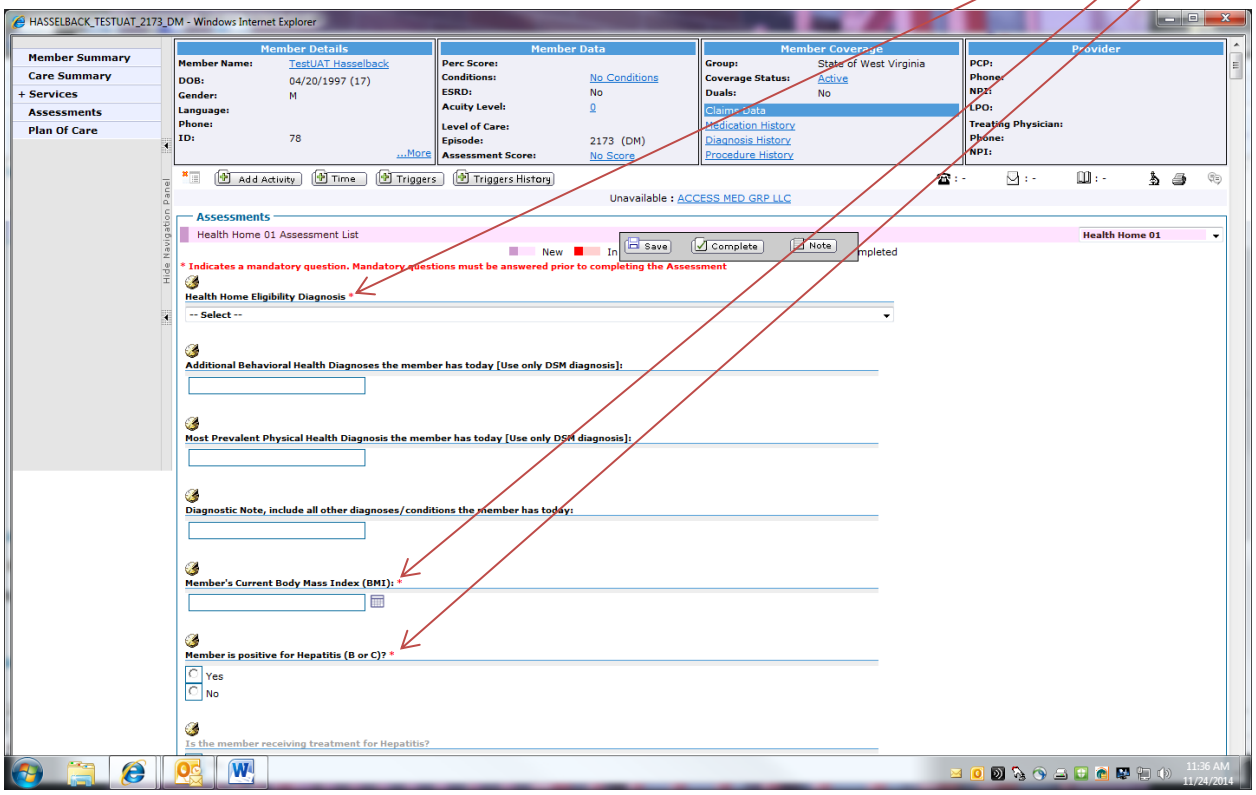
Select One Condition from drop down box: Health Home 01



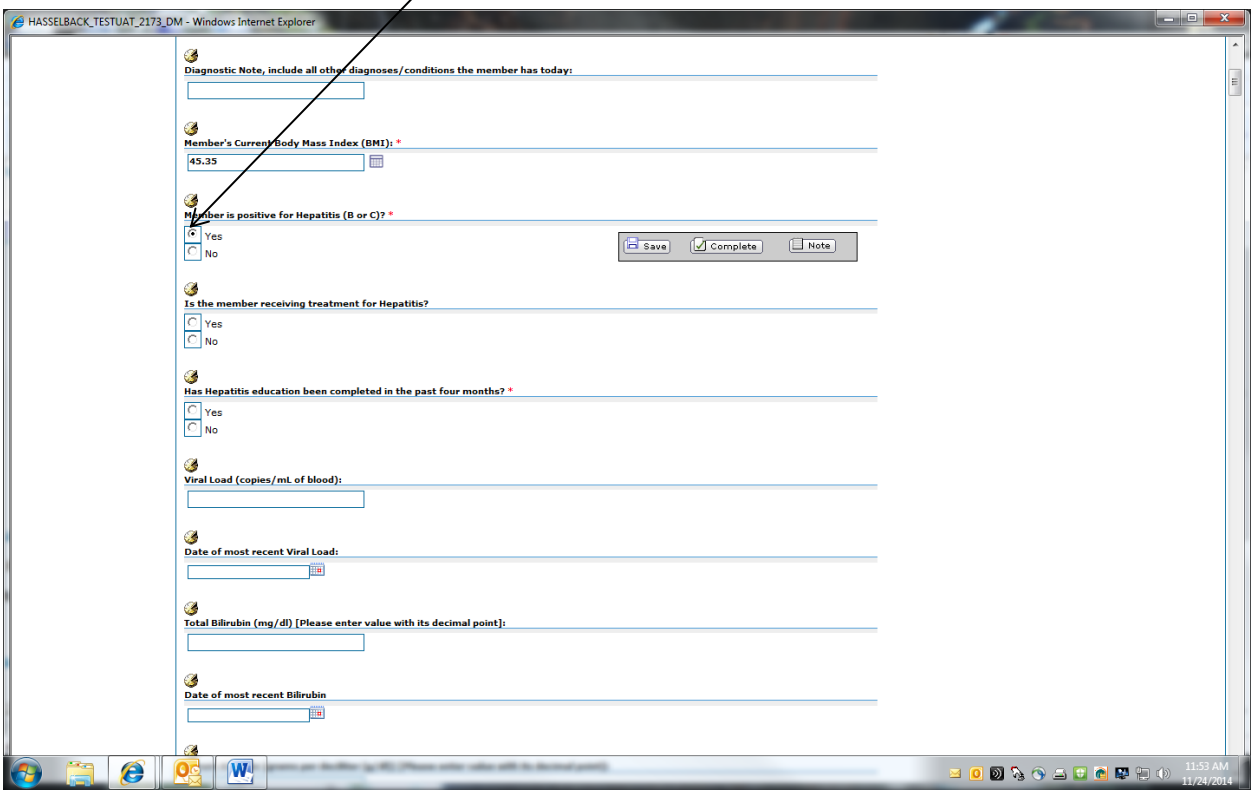
Click OK.



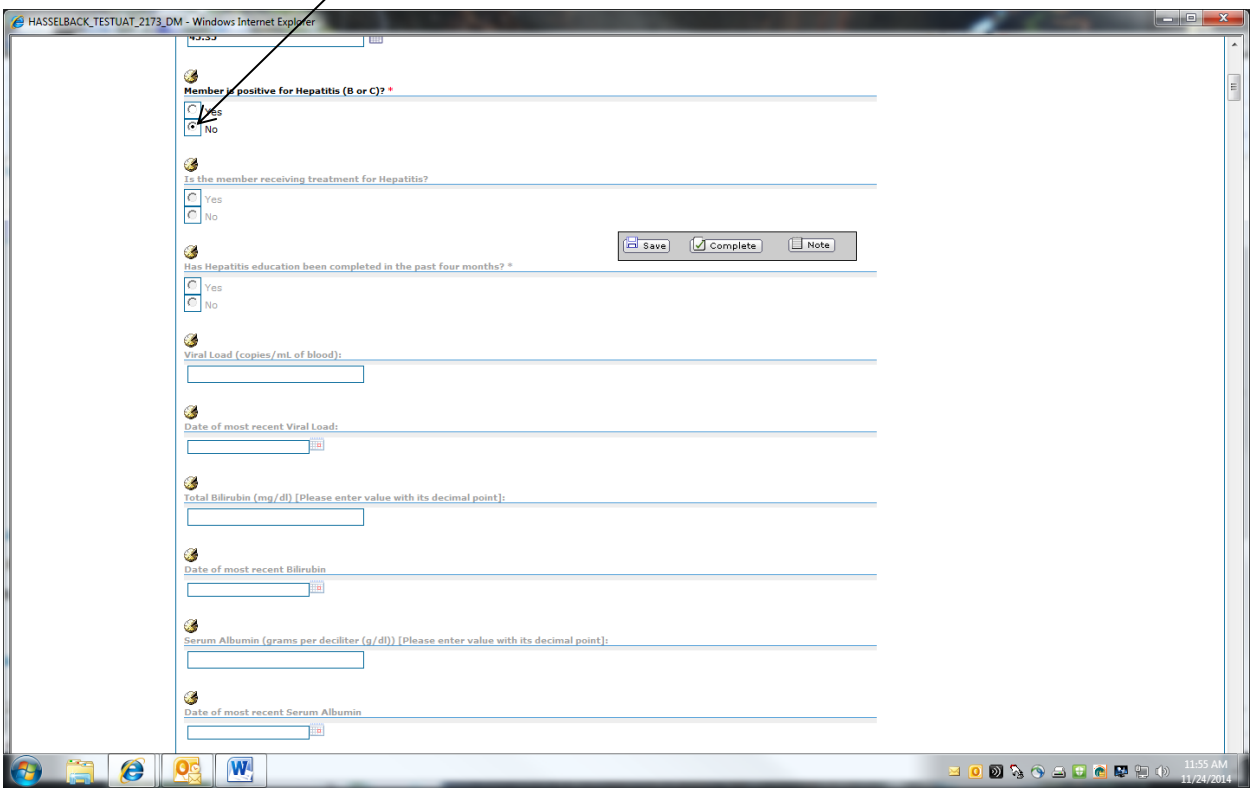
Begin completing your assessment. Please remember that all sections marked with a *(red asterisk) indicates a mandatory response.



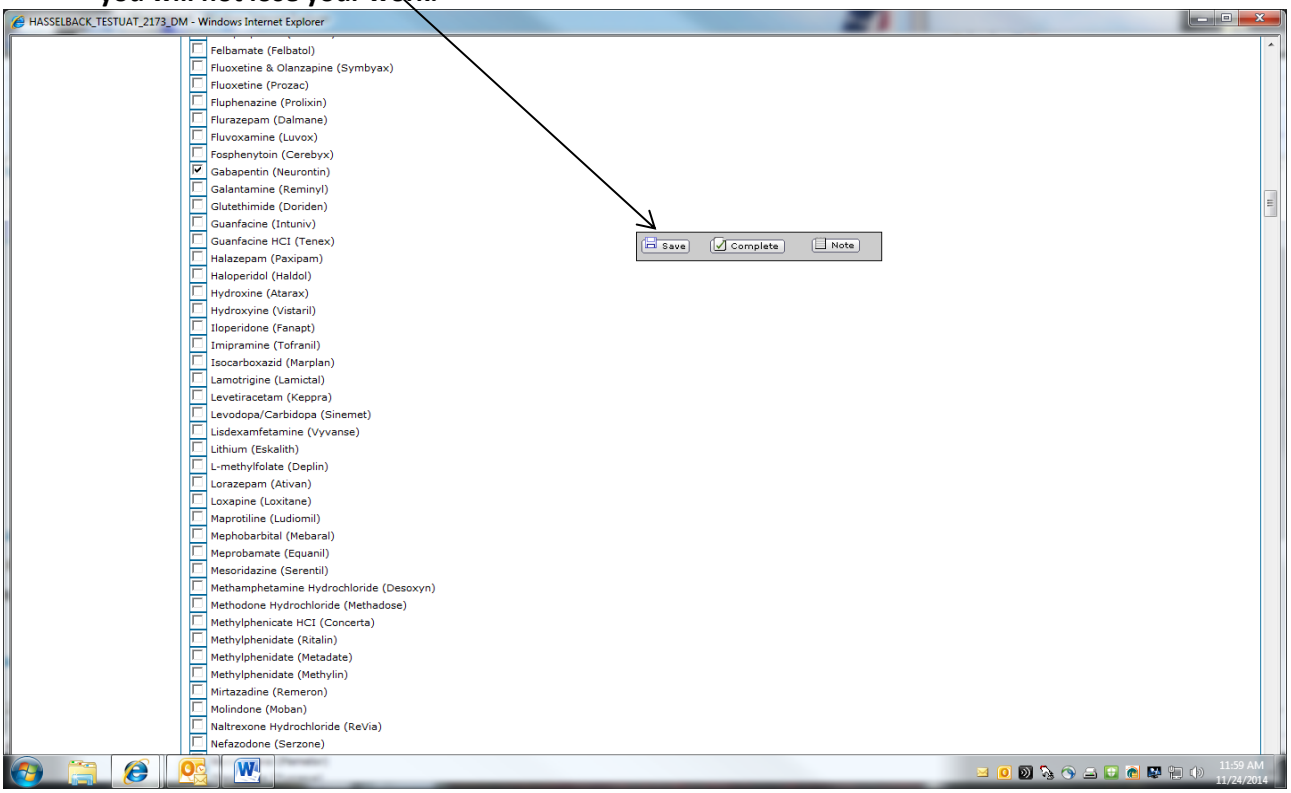
Please remember that a Yes answer will trigger another set of questions that will need completed.


HASSELBACK_TESTUAT_2173_DM - Windows Internet Explorer
Diagnostic Note, include all other diagnoses/conditions the member has today:
Member's Current Body Mass Index (BMI): *
45.35
Member is positive for Hepatitis (B or C)? *
Yes
No
Save
Complete
Note
Is the member receiving treatment for Hepatitis?
Yes
No
Has Hepatitis education been completed in the past four months? *
Yes
No
Viral Load (copies/mL of blood):
Date of most recent Viral Load:
Total Bilirubin (mg/dl) [Please enter value with its decimal point]:
Date of most recent Bilirubin
11:53 AM
11/24/2014

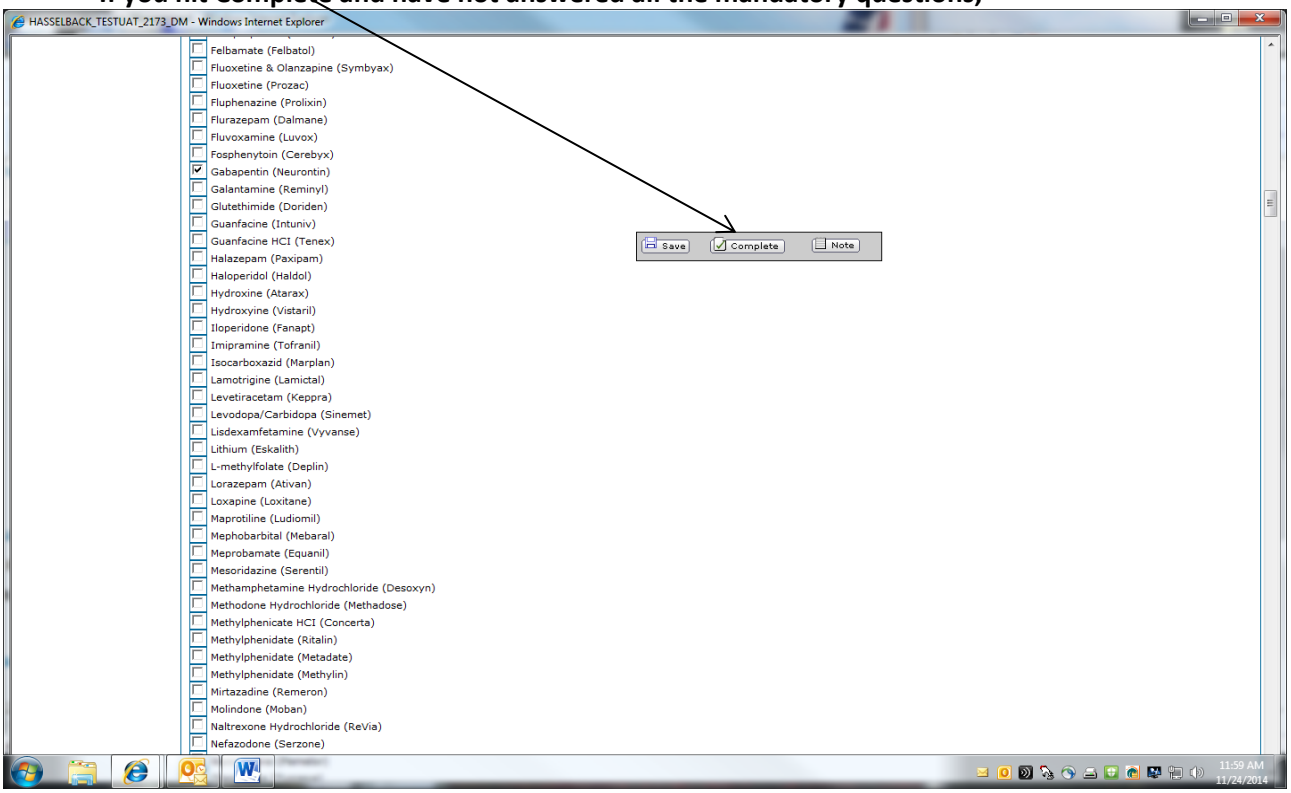
When a response is No, the additional answers will remain gray.


HASSELBACK_TESTUAT_2173_DM - Windows Internet Explorer
Member is positive for Hepatitis (B or C)? *
Yes
No
Is the member receiving treatment for Hepatitis?
Yes
No
Save
Complete
Note
Has Hepatitis education been completed in the past four months? *
Yes
No
Viral Load (copies/mL of blood):
Date of most recent Viral Load:
Total Bilirubin (mg/dl) [Please enter value with its decimal point]:
Date of most recent Bilirubin
Serum Albumin (grams per deciliter (g/dl)) [Please enter value with its decimal point]:
Date of most recent Serum Albumin
11:55 AM
11/24/2014

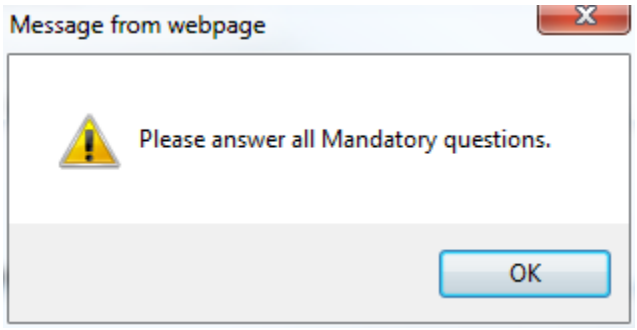
Also remember to SAVE your assessment in case you should get called away from your computer and then you will not lose your work.



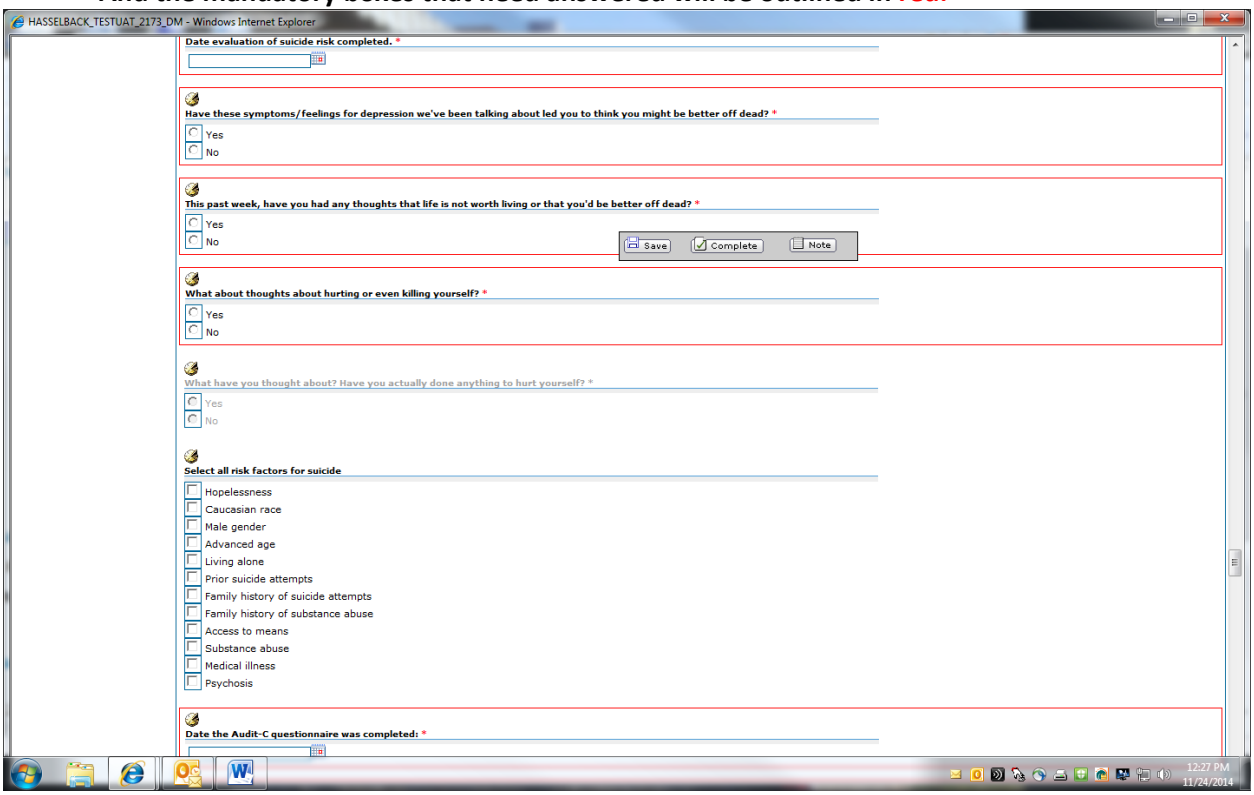
If you hit Complete and have not answered all the mandatory questions,



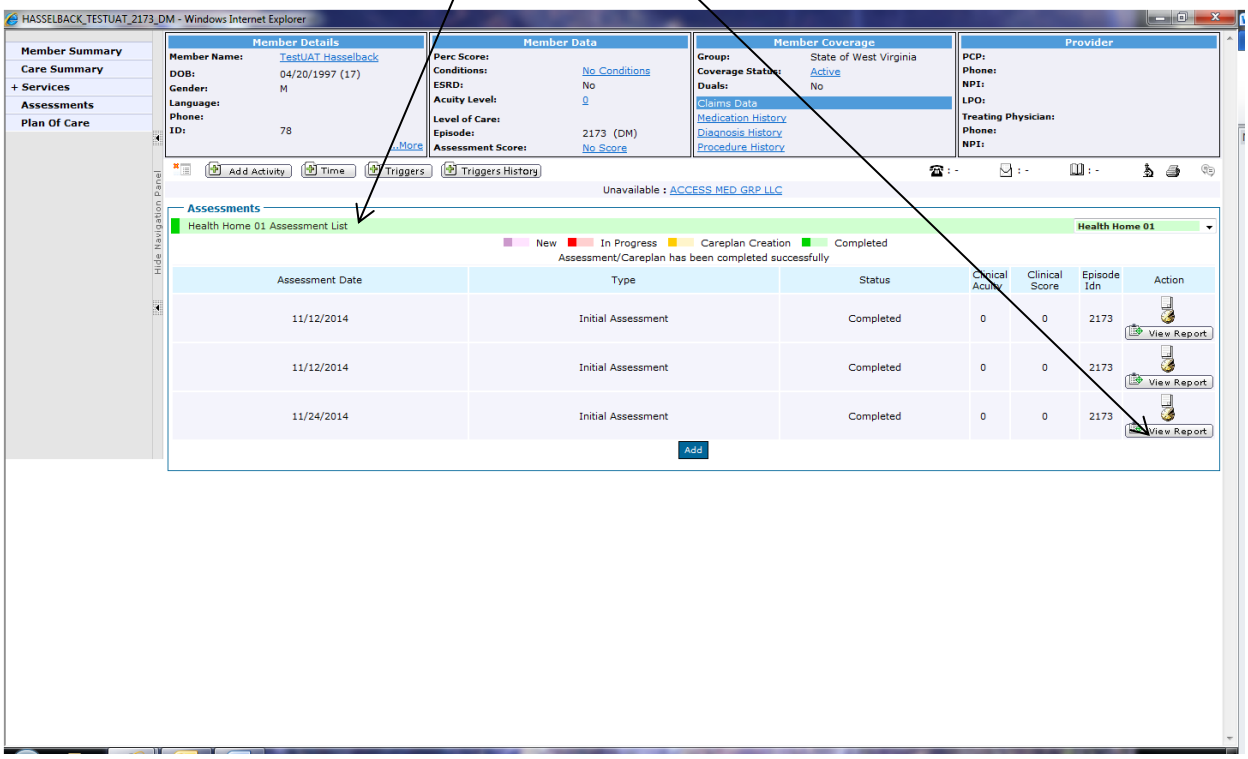
The message below will appear.



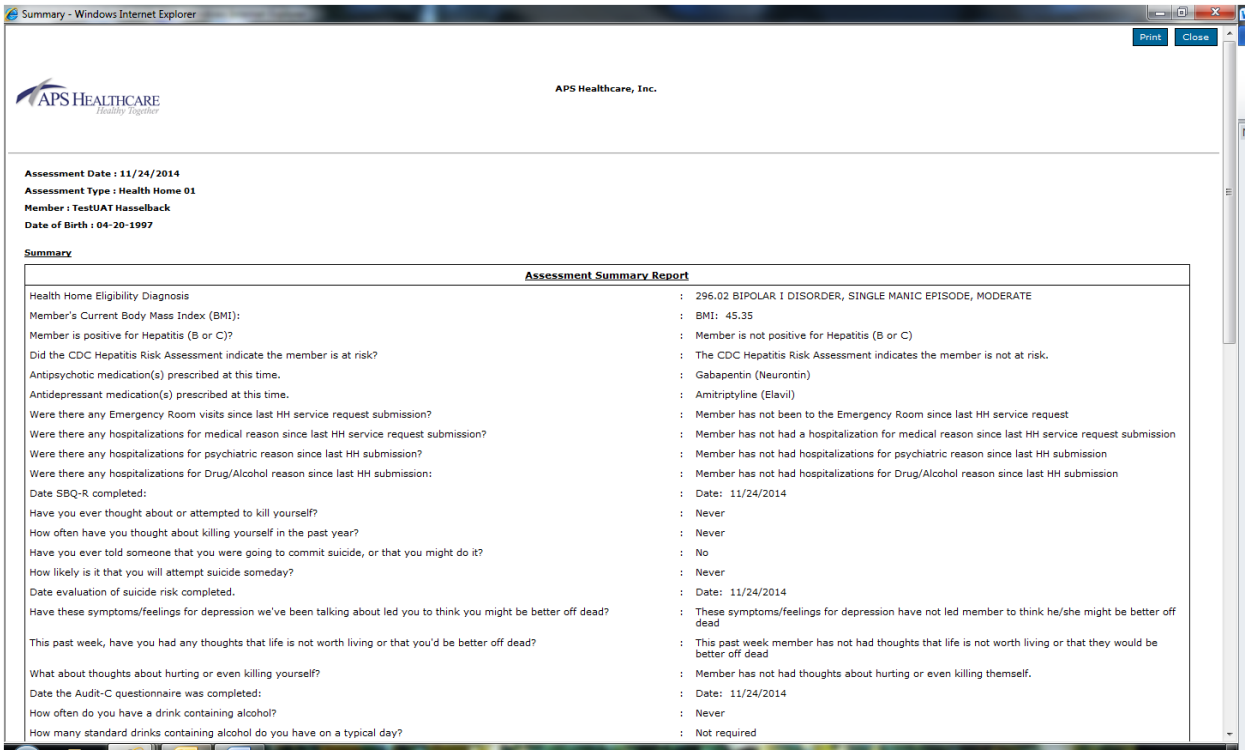
And the mandatory boxes that need answered will be outlined in red:


HASSELBACK_TESTUAT_2173_DM - Windows Internet Explorer
Date evaluation of suicide risk completed. *
Have these symptoms/feelings for depression we've been talking about led you to think you might be better off dead? *
Yes
No
This past week, have you had any thoughts that life is not worth living or that you'd be better off dead? *
Yes
No
Save
Complete
Note
What about thoughts about hurting or even killing yourself? *
Yes
No
What have you thought about? Have you actually done anything to hurt yourself? *
Yes
No
Select all risk factors for suicide
Hopelessness
Caucasian race
Male gender
Advanced age
Living alone
Prior suicide attempts
Family history of suicide attempts
Family history of substance abuse
Access to means
Substance abuse
Medical illness
Psychosis
Date the Audit-C questionnaire was completed: *
12:27 PM
11/24/2014

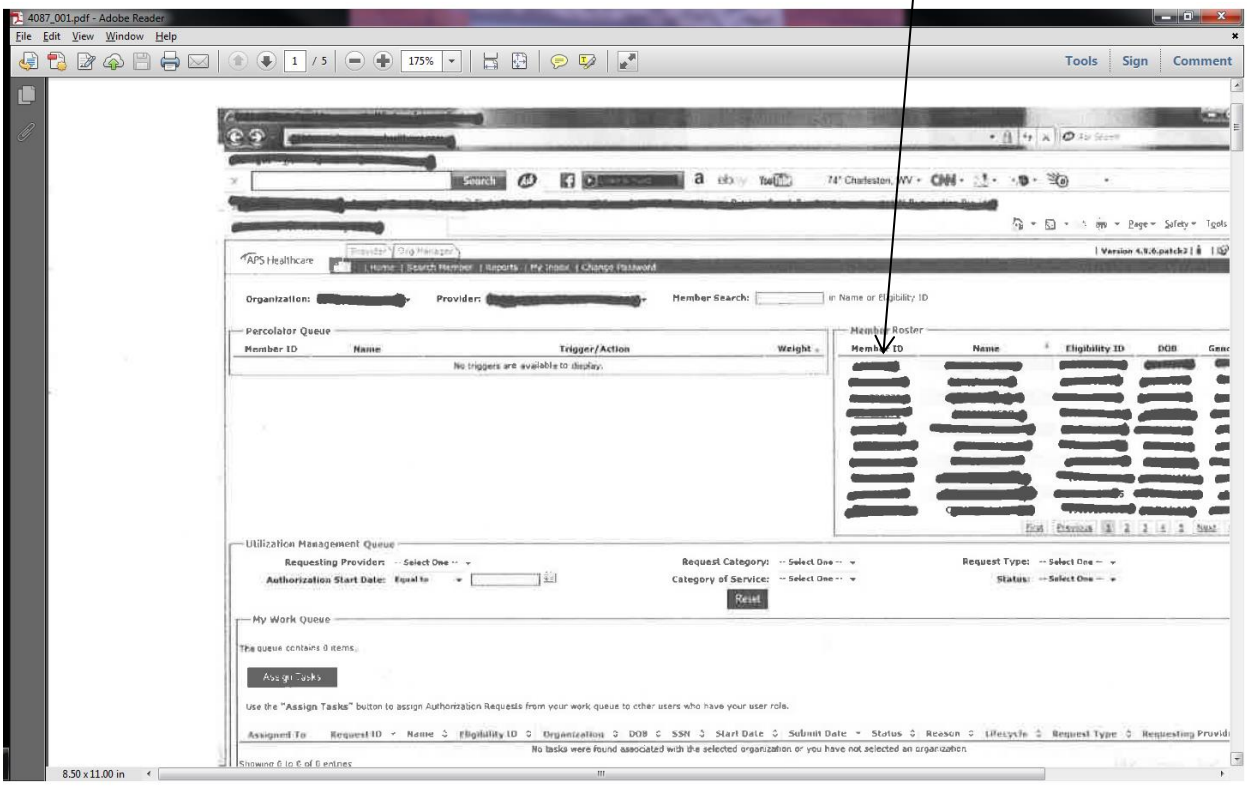
Once you have answered all the mandatory questions on the assessment, please select the complete button and the screen will appear green as completed. Once reviewed, determination of authorization will be received by your agency. You may select view report and print for your records.



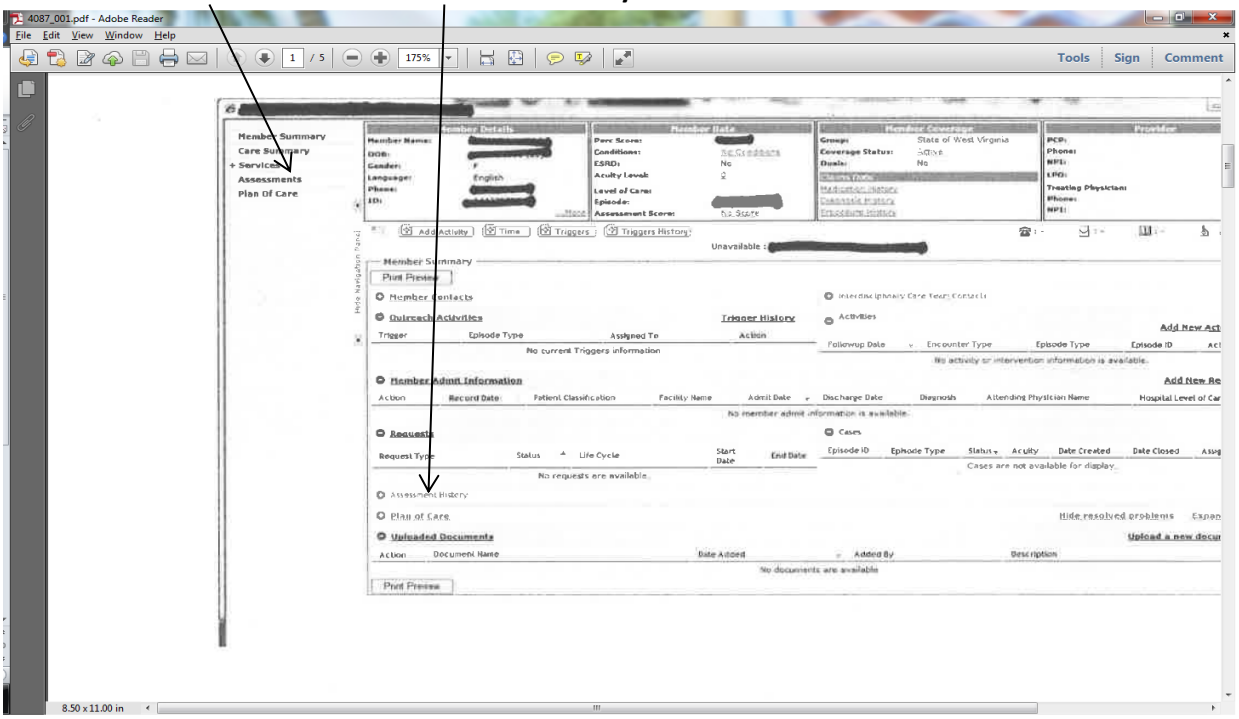
An example of a printed report is below.


Summary - Windows Internet Explorer
Print
Close
APS HEALTHCARE
APS Healthcare, Inc.
Assessment Date : 11/24/2014
Assessment Type : Health Home 01
Member : TestUAT Hasselback
Date of Birth : 04-20-1997
Summary
Assessment Summary Report
Health Home Eligibility Diagnosis : 296.02 BIPOLAR I DISORDER, SINGLE MANIC EPISODE, MODERATE
Member's Current Body Mass Index (BMI): : BMI: 45.35
Member is positive for Hepatitis (B or C)? : Member is not positive for Hepatitis (B or C)
Did the CDC Hepatitis Risk Assessment indicate the member is at risk? : The CDC Hepatitis Risk Assessment indicates the member is not at risk.
Antipsychotic medication(s) prescribed at this time. : Gabapentin (Neurontin)
Antidepressant medication(s) prescribed at this time. : Amitriptyline (Elavil)
Were there any Emergency Room visits since last HH service request submission? : Member has not been to the Emergency Room since last HH service request
Were there any hospitalizations for medical reason since last HH service request submission? : Member has not had a hospitalization for medical reason since last HH service request submission
Were there any hospitalizations for psychiatric reason since last HH submission? : Member has not had hospitalizations for psychiatric reason since last HH submission
Were there any hospitalizations for Drug/Alcohol reason since last HH submission: : Member has not had hospitalizations for Drug/Alcohol reason since last HH submission
Date SBQ-R completed: : Date: 11/24/2014
Have you ever thought about or attempted to kill yourself? : Never
How often have you thought about killing yourself in the past year? : Never
Have you ever told someone that you were going to commit suicide, or that you might do it? : No
How likely is it that you will attempt suicide someday? : Never
Date evaluation of suicide risk completed. : Date: 11/24/2014
Have these symptoms/feelings for depression we've been talking about led you to think you might be better off dead? : These symptoms/feelings for depression have not led member to think he/she might be better off dead
This past week, have you had any thoughts that life is not worth living or that you'd be better off dead? : This past week member has not had thoughts that life is not worth living or that they would be better off dead
What about thoughts about hurting or even killing yourself? : Member has not had thoughts about hurting or even killing themself.
Date the Audit-C questionnaire was completed: : Date: 11/24/2014
How often do you have a drink containing alcohol? : Never
How many standard drinks containing alcohol do you have on a typical day? : Not required

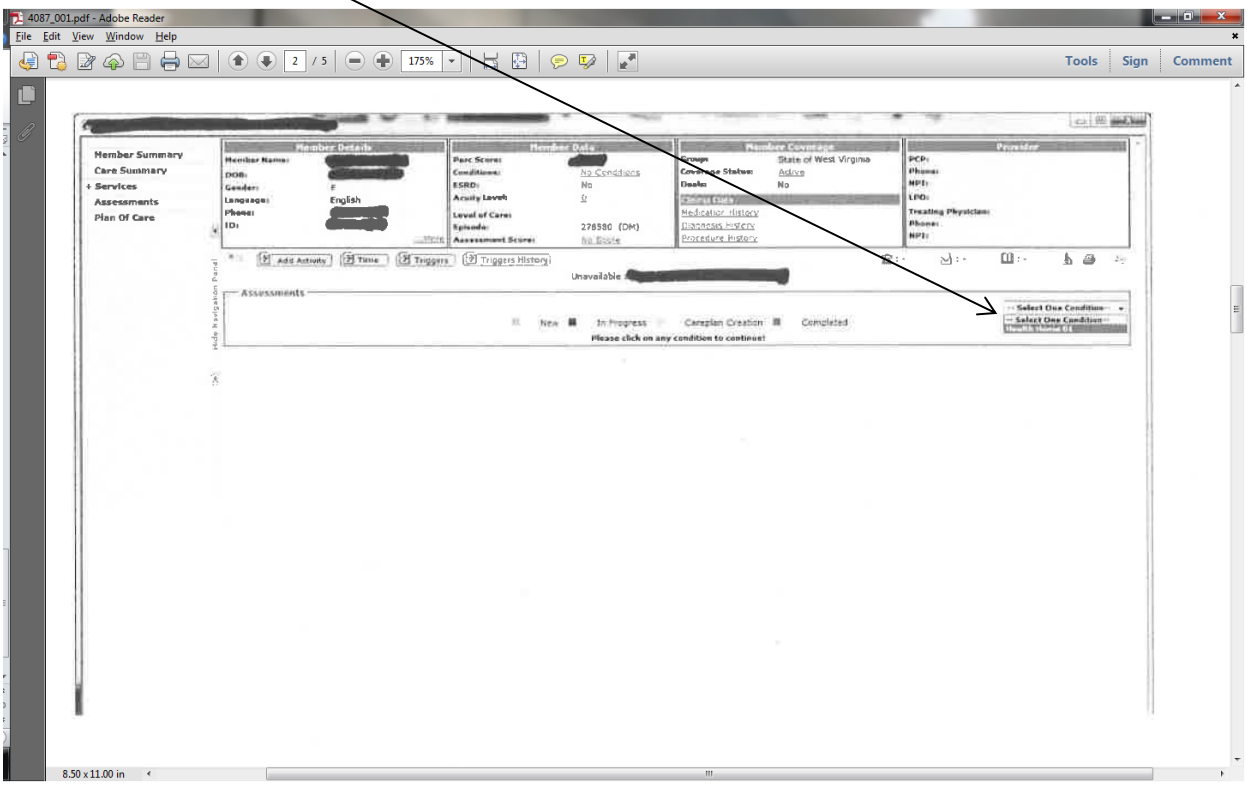
To make a copy of an Assessment go to your Member Roster, click on Member ID



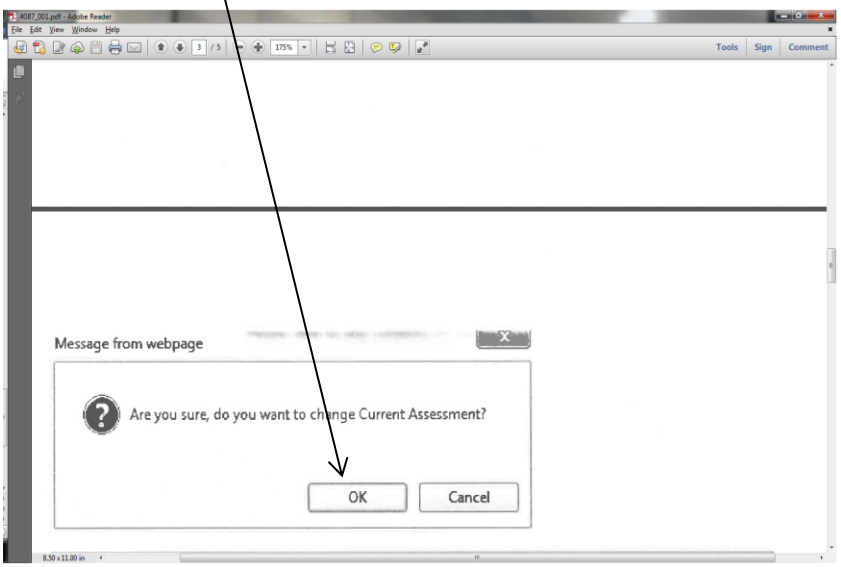
Click on Assessments or Assessment History



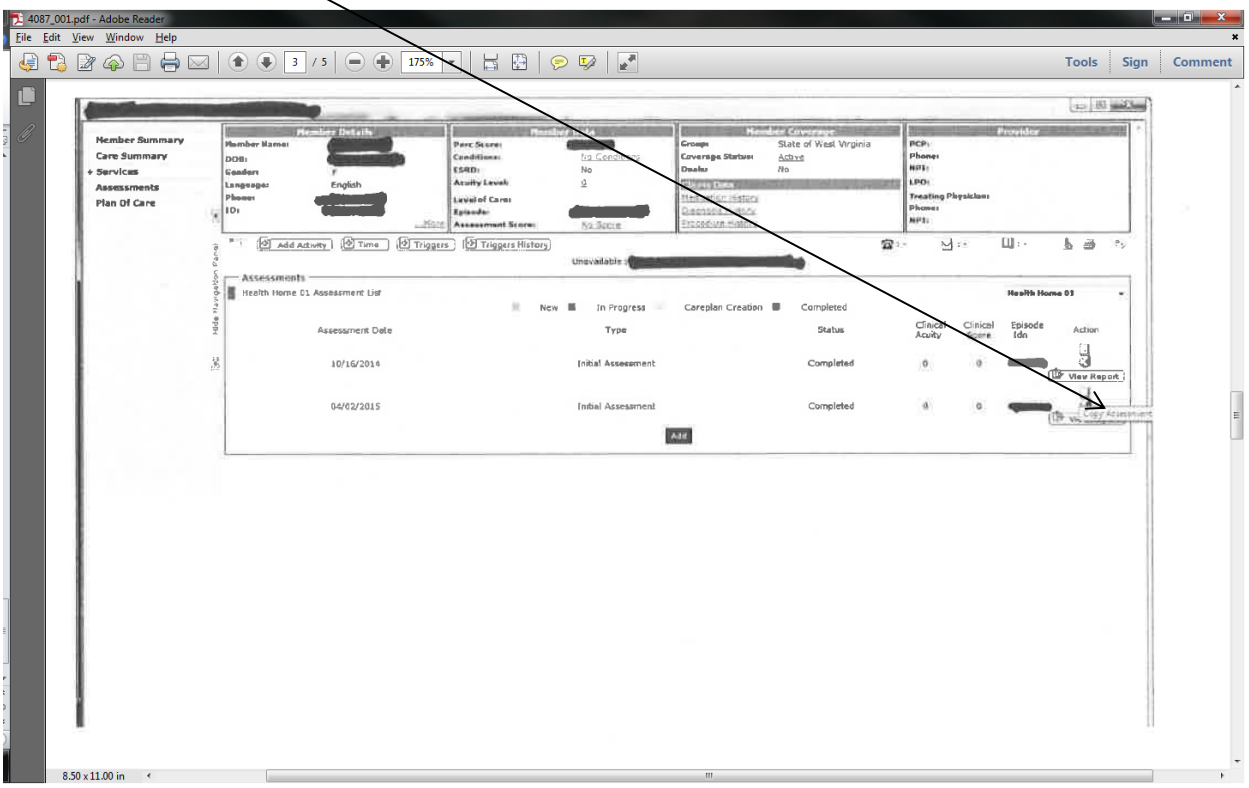
Click on Select One Condition, Chose Health Home 01



Click on Ok to Change Current Assessment

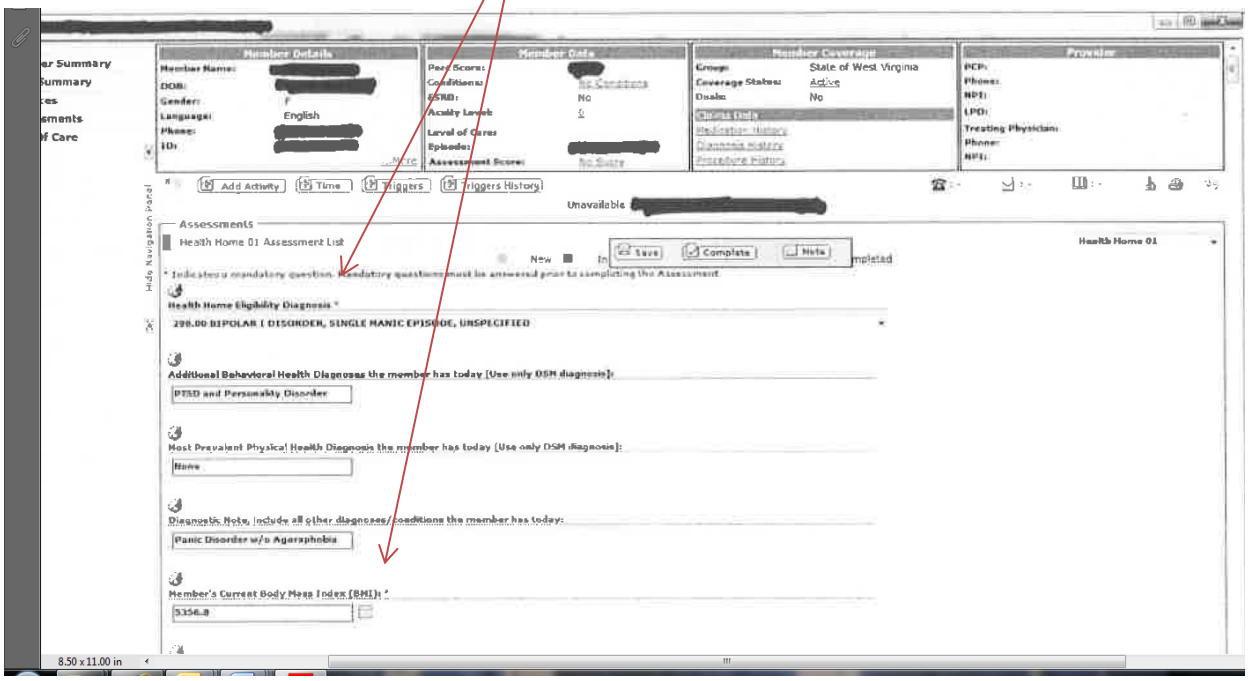


Hover over the piece of paper, and then click on Copy Assessment



Click on Edit

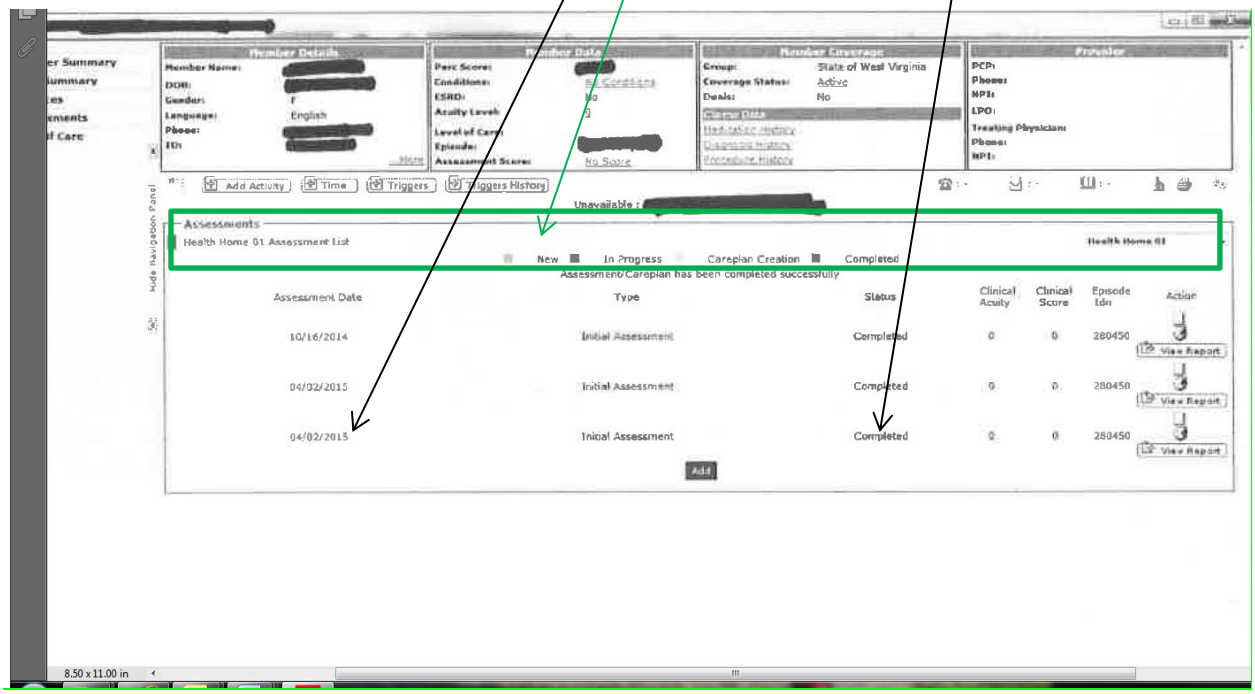
Please complete all assessment questions, making edits as necessary to update to current data, and remember to save as you go. The red asterisk* indicates a mandatory question, therefore you will not be able to complete assessment until they have been answered.



Once you have answered all questions, please click complete.

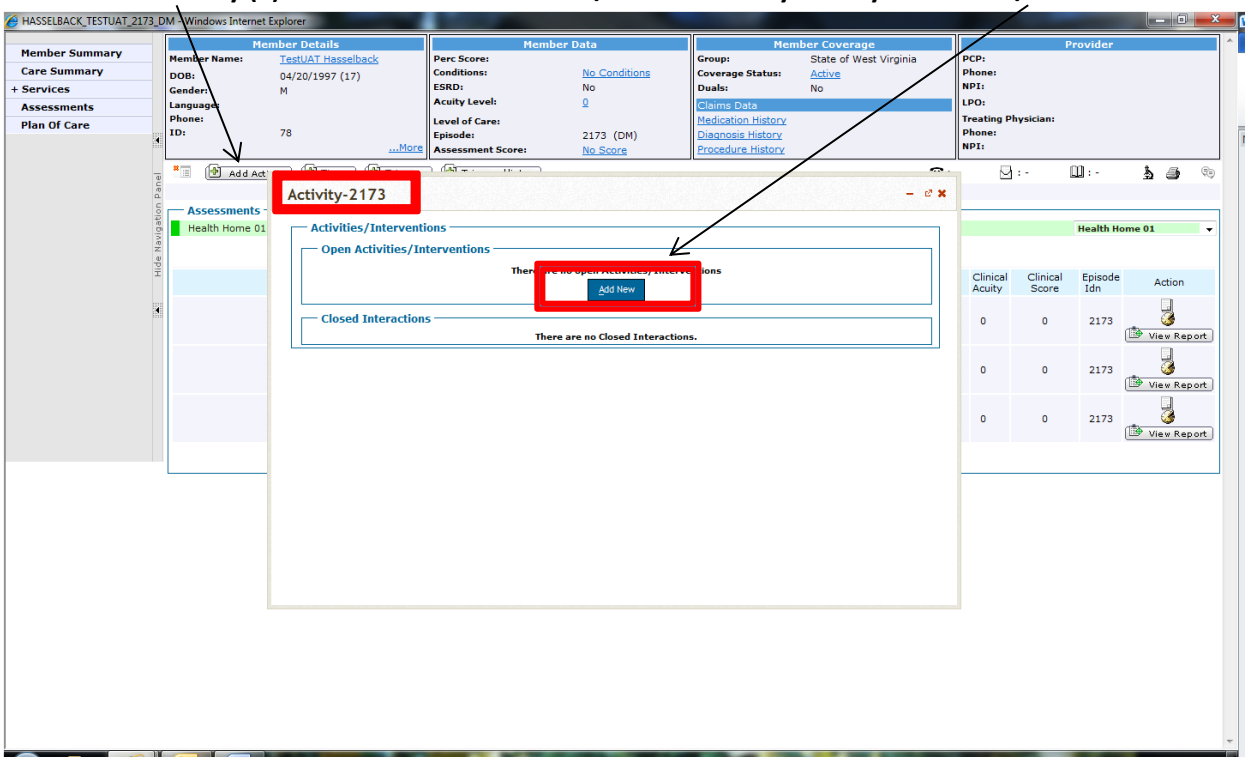
10/16/2014
In general, would you say your health is: *
Poor (5)
Does your health limit you in these moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? *
Yes, limited a lot (3)
Does your health limit you when climbing stairs? *
Yes, limited a lot (3)
Save
Complete
Note
During the past 4 weeks, how much did pain interfere with your normal daily activities? *
Extremely (5)
Date the CIDI-Based Bipolar Disorder Screening Scale was completed: *
10/16/2014
CIDI-Based Bipolar Disorder Screening Scale Score: *
3.6 - 4 Questions = Y
Date the Patient Health Questionnaire (PHQ-9) completed: *
10/16/2014
Little interest or pleasure in doing things? *
Not at all (0)
Feeling down, depressed or hopeless? *
Not at all (0)
8.50 x 11.00 in

When you are finished, your assessment date and status will indicate completed. The Health Home Assessment List section will appear a solid green.

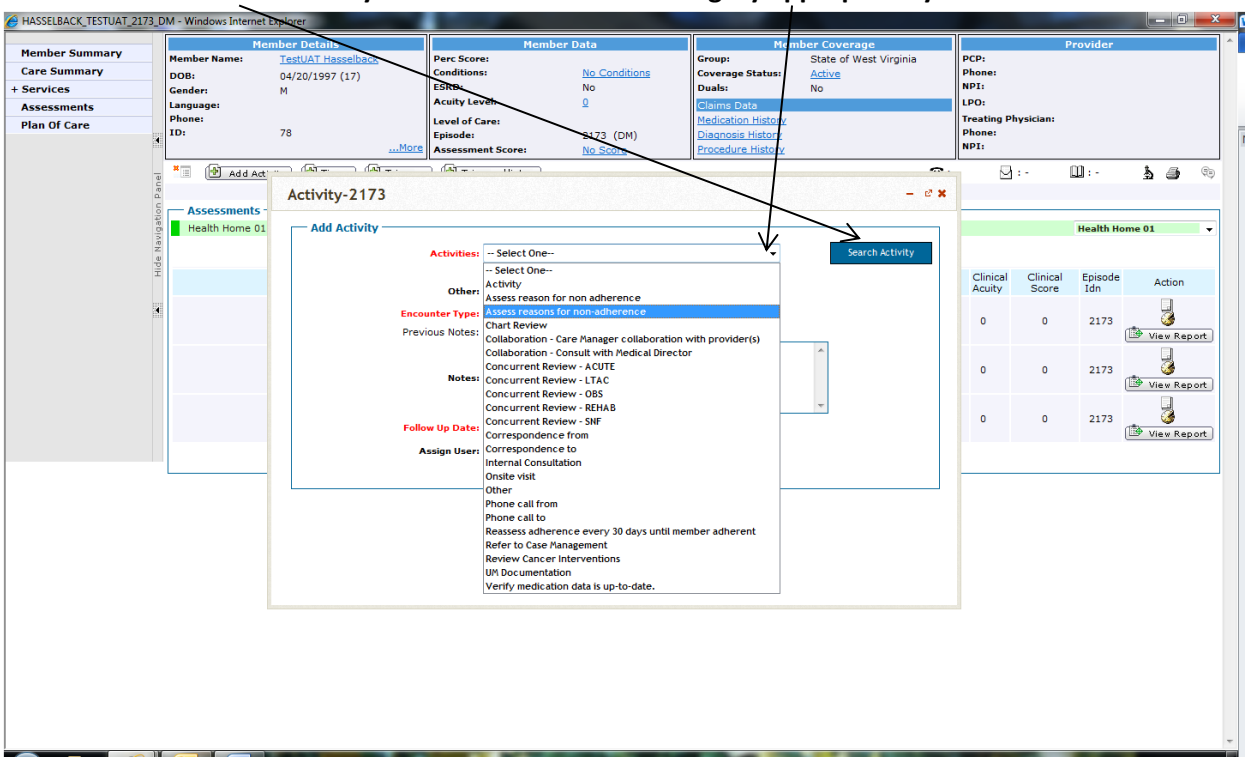


2.6 Activity

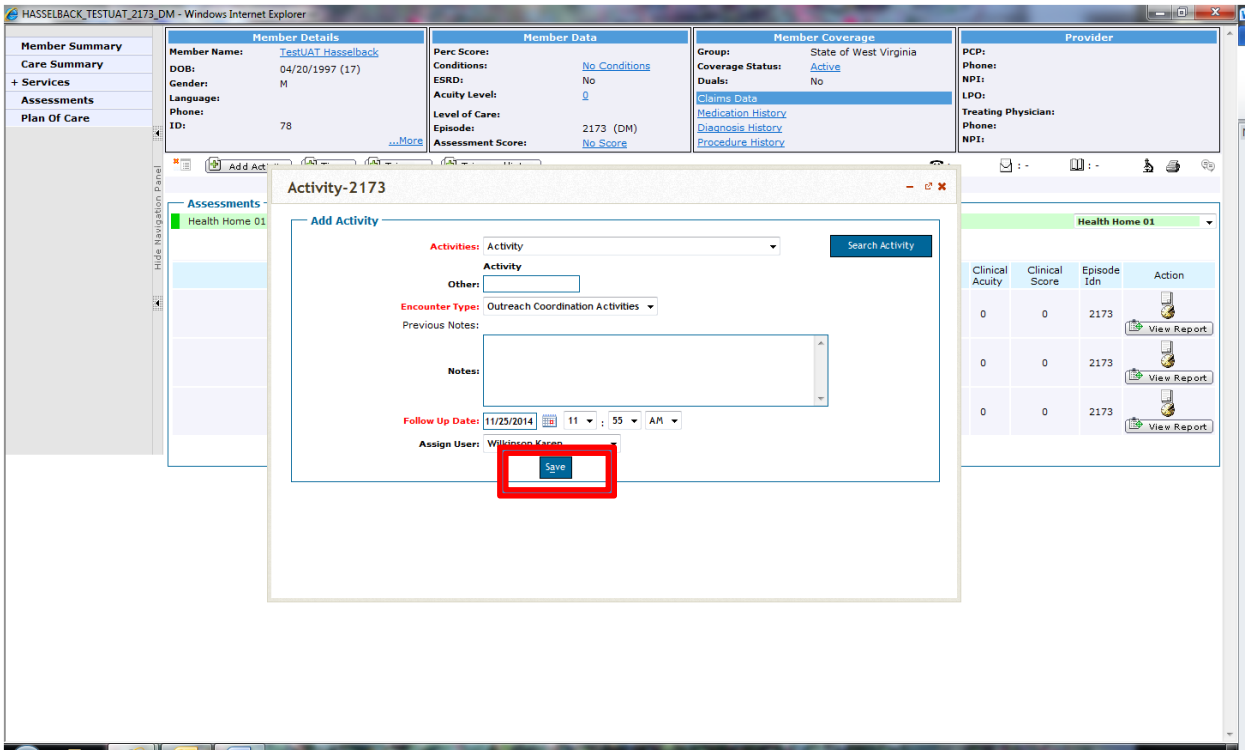
Add Activity (+). If there are no Activities/Interventions you may select Add/New.



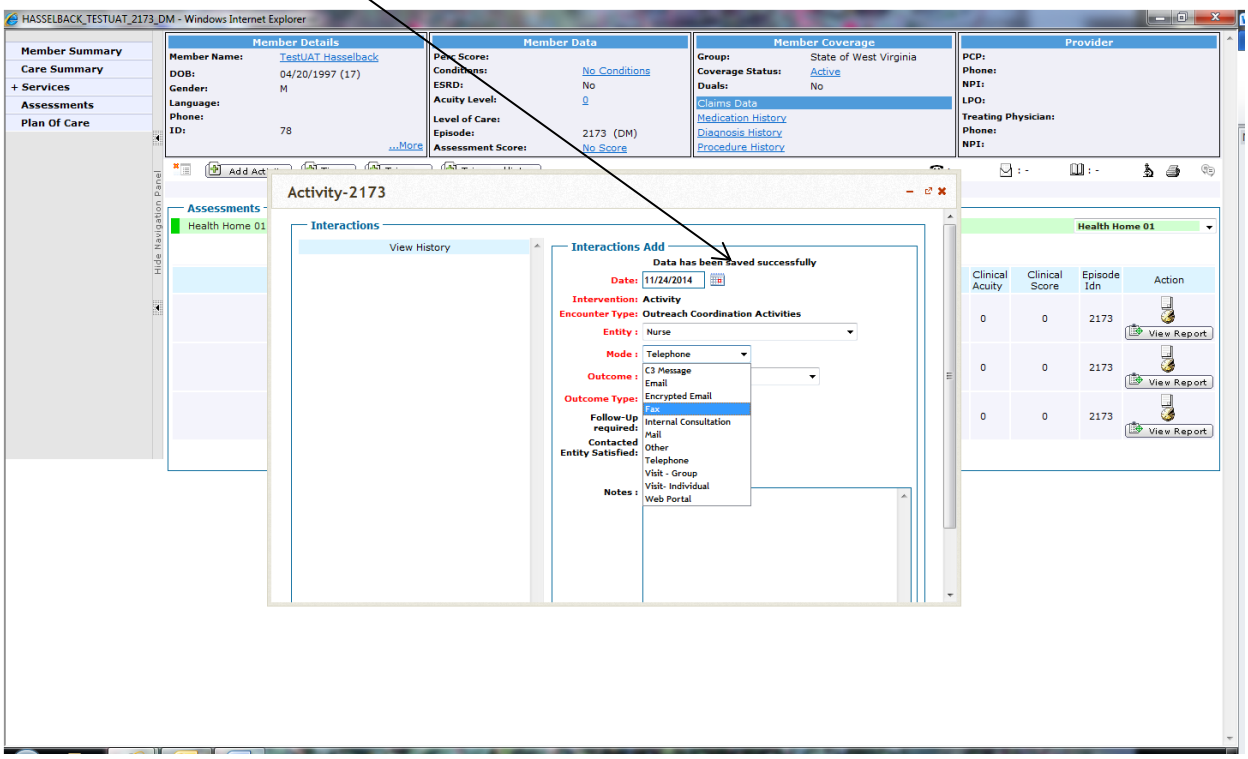
Click on Search Activity and then answer each category appropriately.



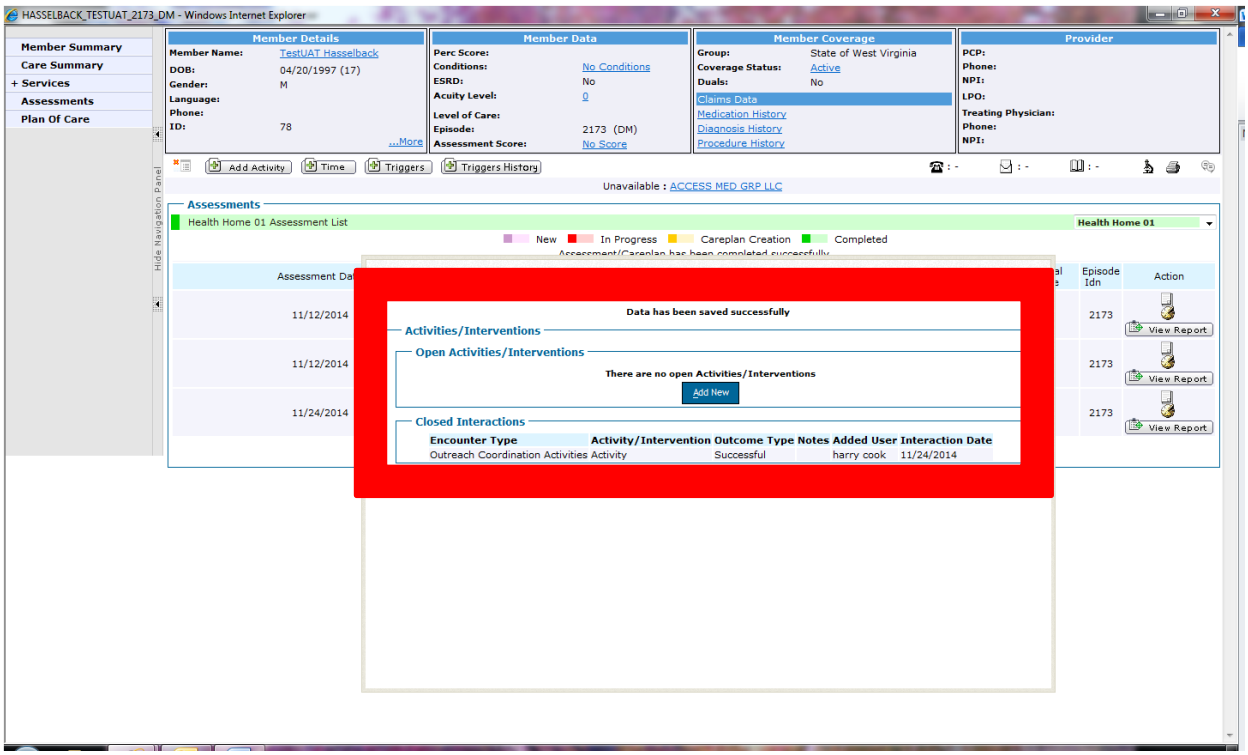
Once complete, select save.



Data has been saved successfully.

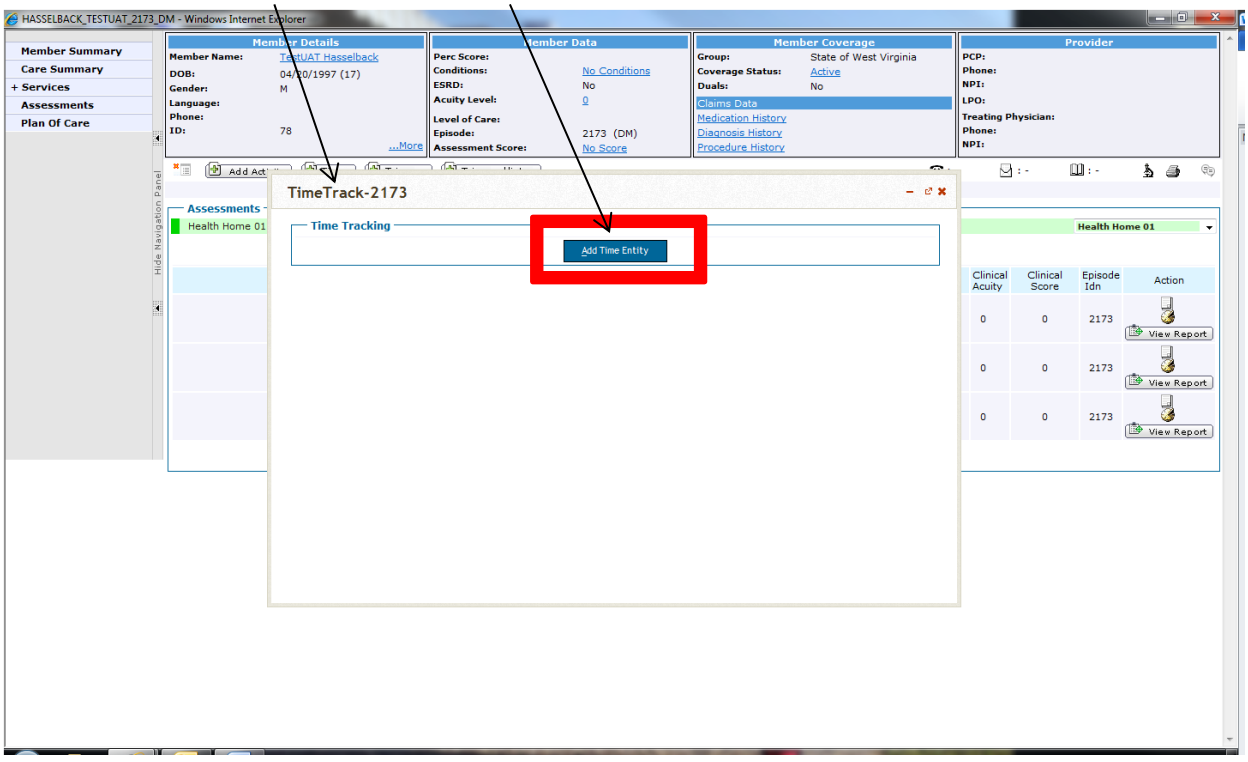


When you have completed the activity, the Closed Interactions screen will appear showing data was saved successfully.

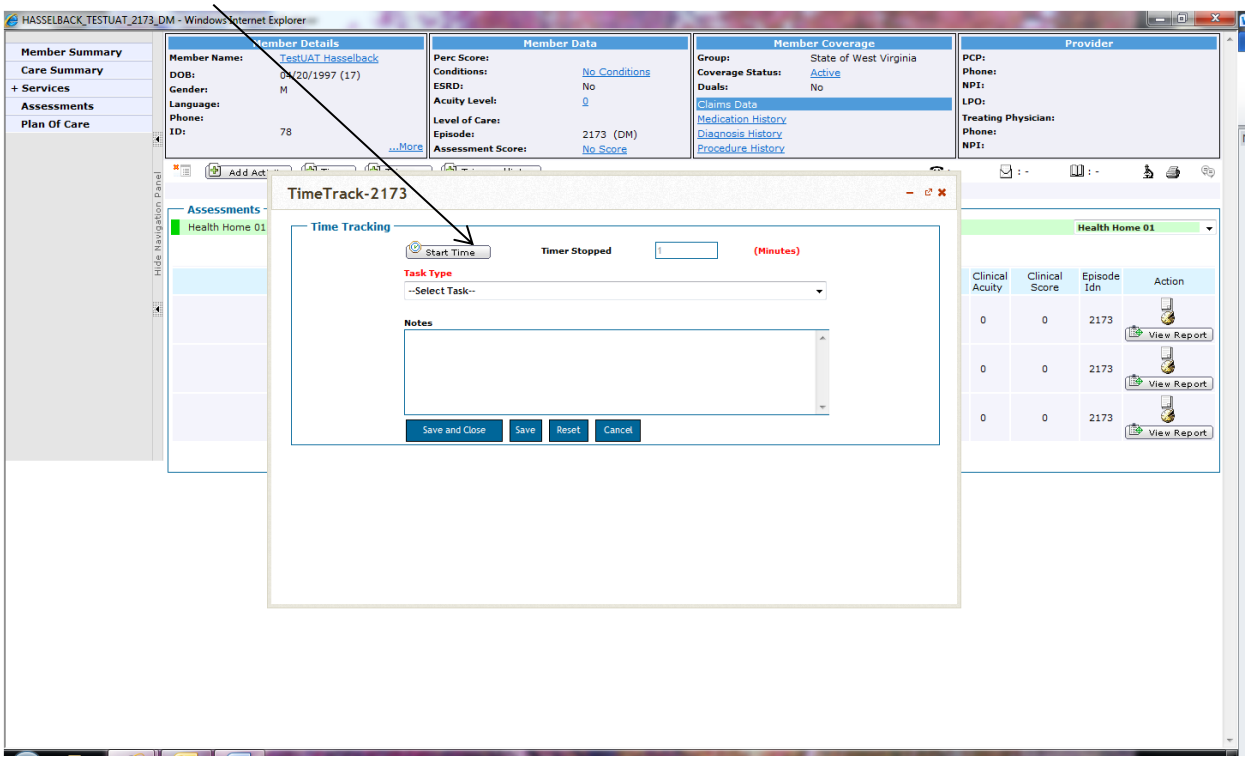


2.7 Time Track

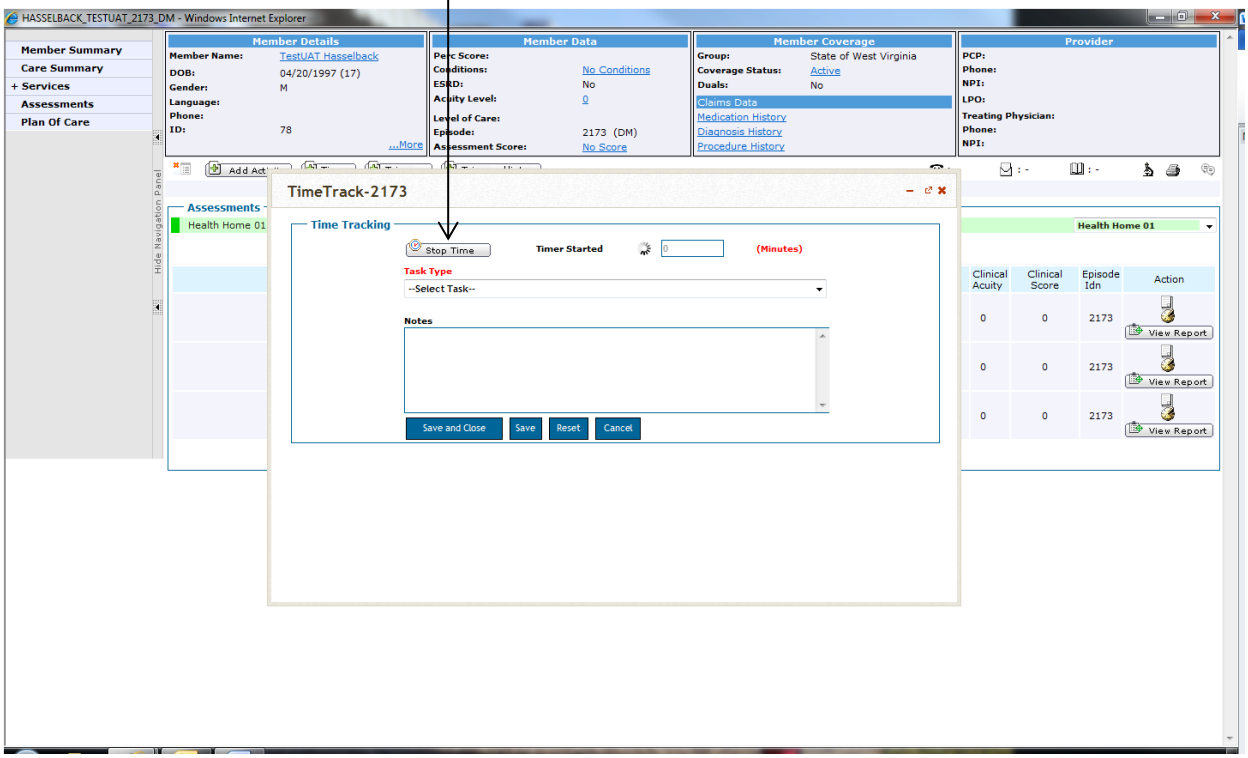
Click on Time Track and then Add button.



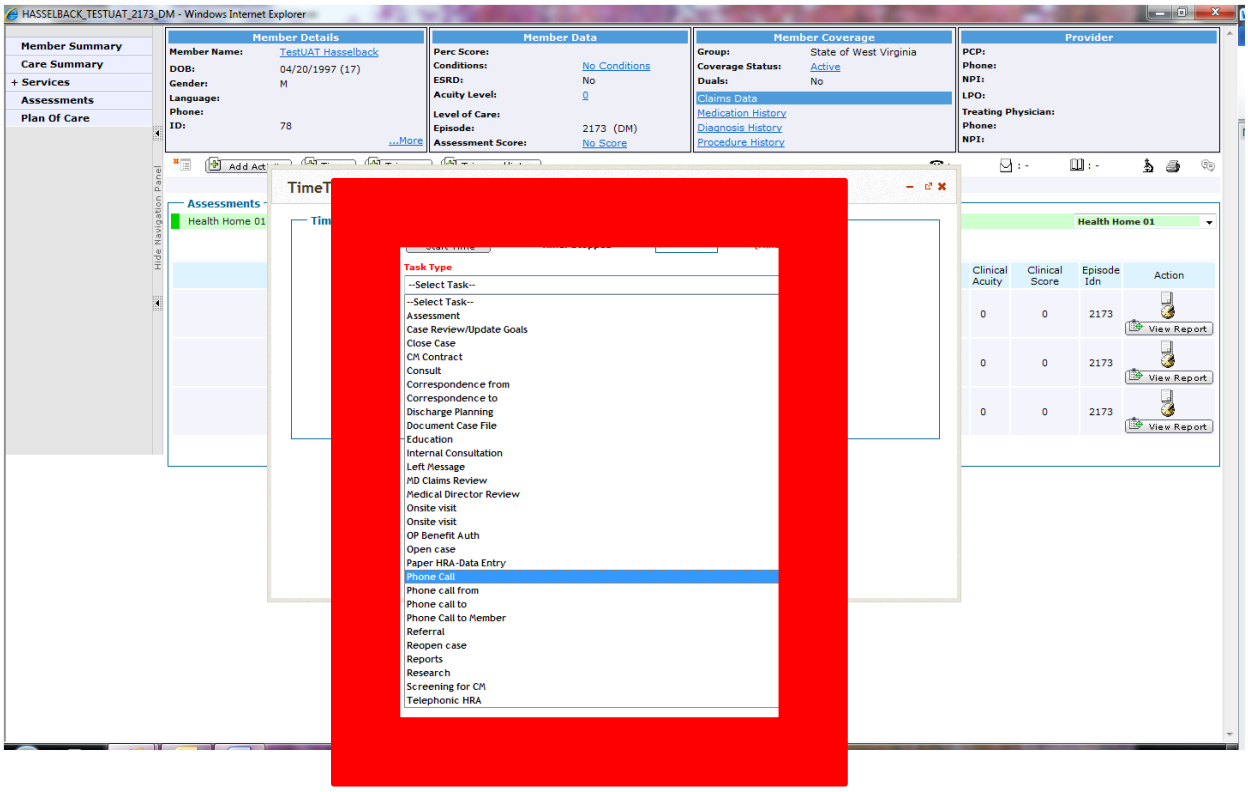
Select start time.



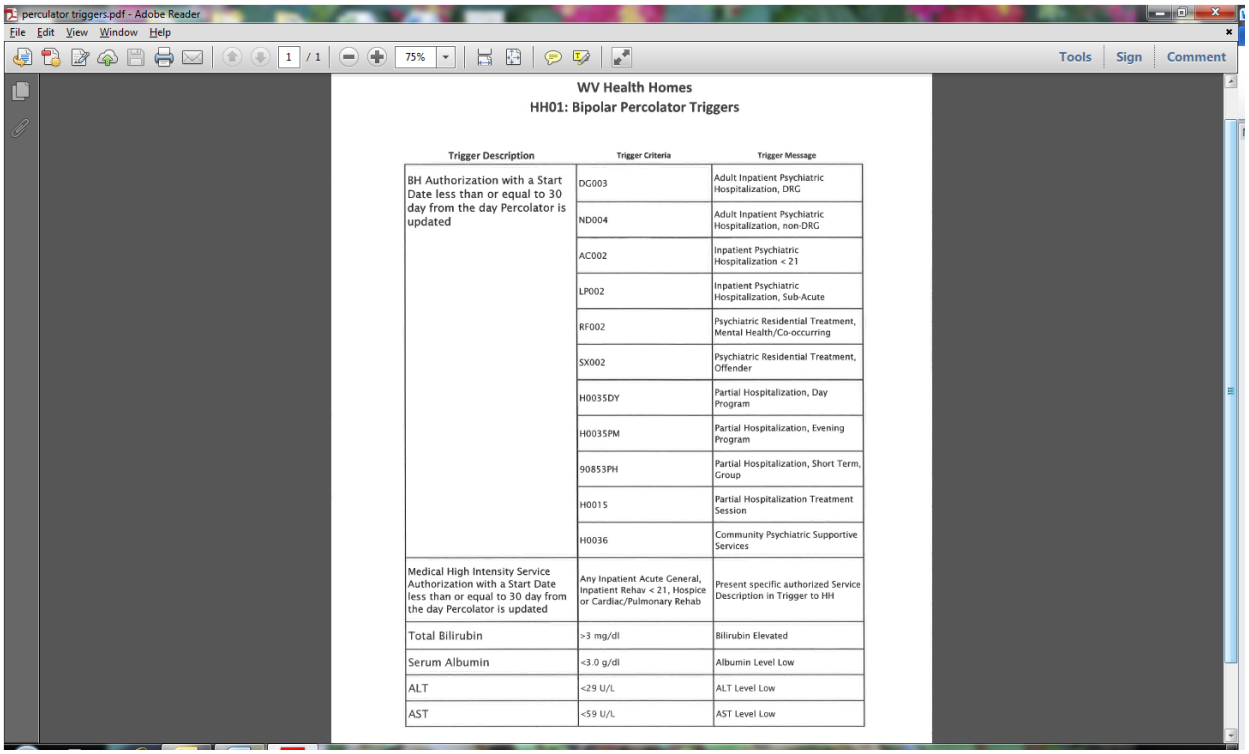
Once completed, select stop time.



Select the Task Type to add any additional notes, then select save and close.

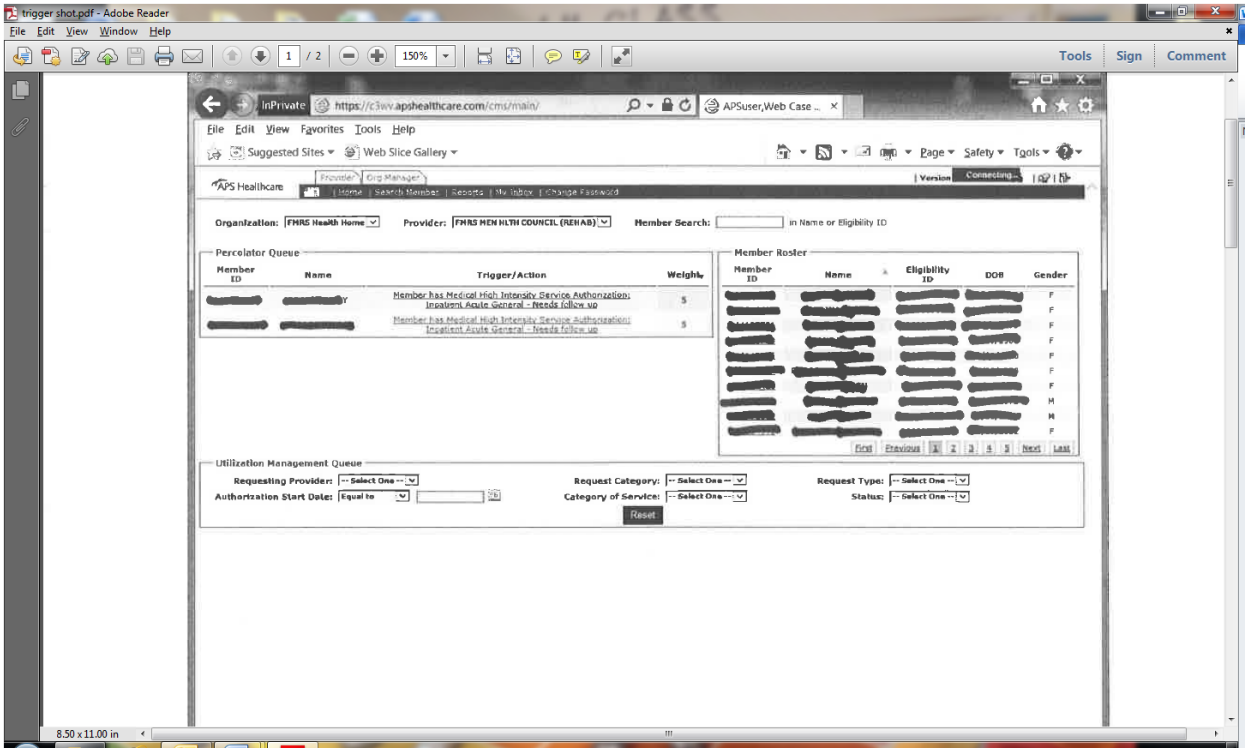


2.8 Triggers- Examples

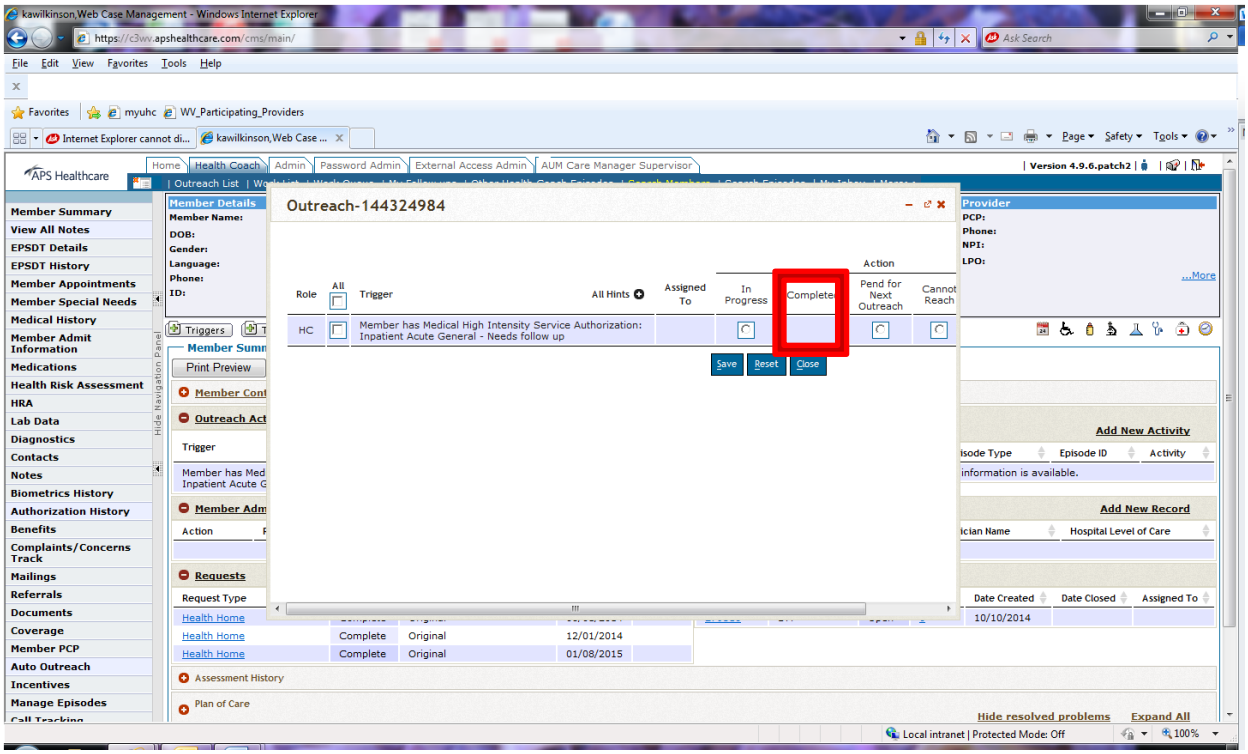

percolator triggers.pdf - Adobe Reader
File Edit View Window Help
Tools Sign Comment
WV Health Homes
HH01: Bipolar Percolator Triggers

Trigger Description	Trigger Criteria	Trigger Message
BH Authorization with a Start Date less than or equal to 30 day from the day Percolator is updated	DG003	Adult Inpatient Psychiatric Hospitalization, DRG
	ND004	Adult Inpatient Psychiatric Hospitalization, non-DRG
	AC002	Inpatient Psychiatric Hospitalization < 21
	LP002	Inpatient Psychiatric Hospitalization, Sub-Acute
	RF002	Psychiatric Residential Treatment, Mental Health/Co-occurring
	SX002	Psychiatric Residential Treatment, Offender
	H0035DY	Partial Hospitalization, Day Program
	H0035PM	Partial Hospitalization, Evening Program
	90853PH	Partial Hospitalization, Short Term, Group
	H0015	Partial Hospitalization Treatment Session
	H0036	Community Psychiatric Supportive Services
Medical High Intensity Service Authorization with a Start Date less than or equal to 30 day from the day Percolator is updated	Any Inpatient Acute General, Inpatient Rehav < 21, Hospice or Cardiac/Pulmonary Rehab	Present specific authorized Service Description in Trigger to HH
Total Bilirubin	>3 mg/dl	Bilirubin Elevated
Serum Albumin	<3.0 g/dl	Albumin Level Low
ALT	<29 U/L	ALT Level Low
AST	<59 U/L	AST Level Low

The triggers can be read by all, but only the Health Coach may complete the task to remove it from the trigger listing. Click on the Trigger.

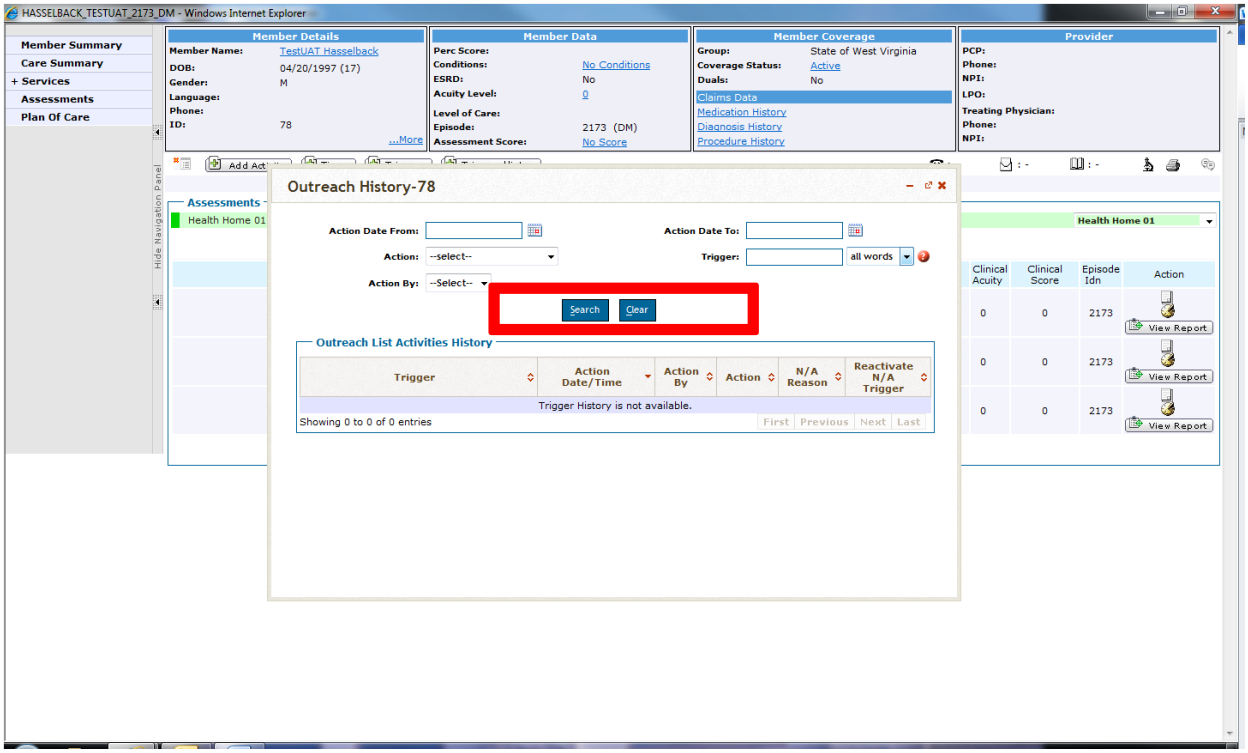


This screen below will appear and once the Health Coach has informed the assigned team member, then the task maybe be completed and the trigger will be removed. Your screen will show a complete button that you click on.



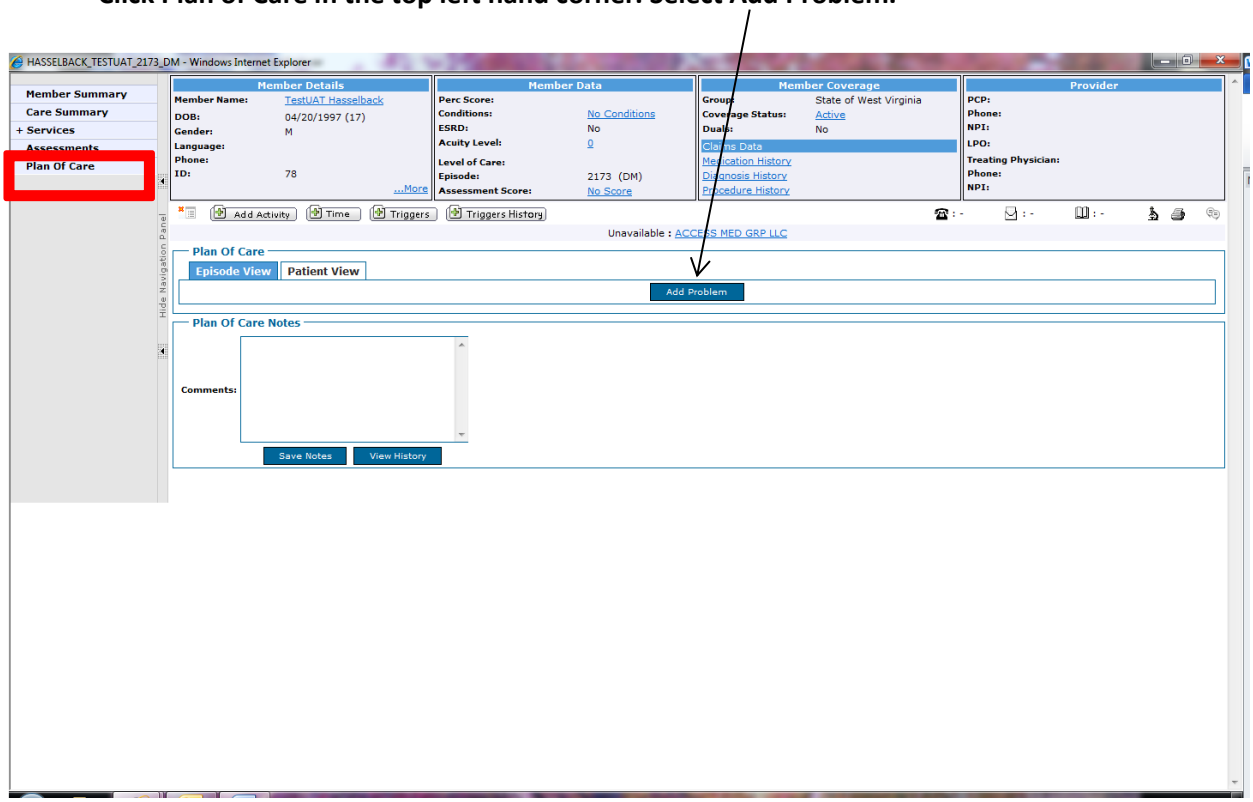
2.8.1 Trigger History

If there were any triggers in history, they would appear here. Click on Search.

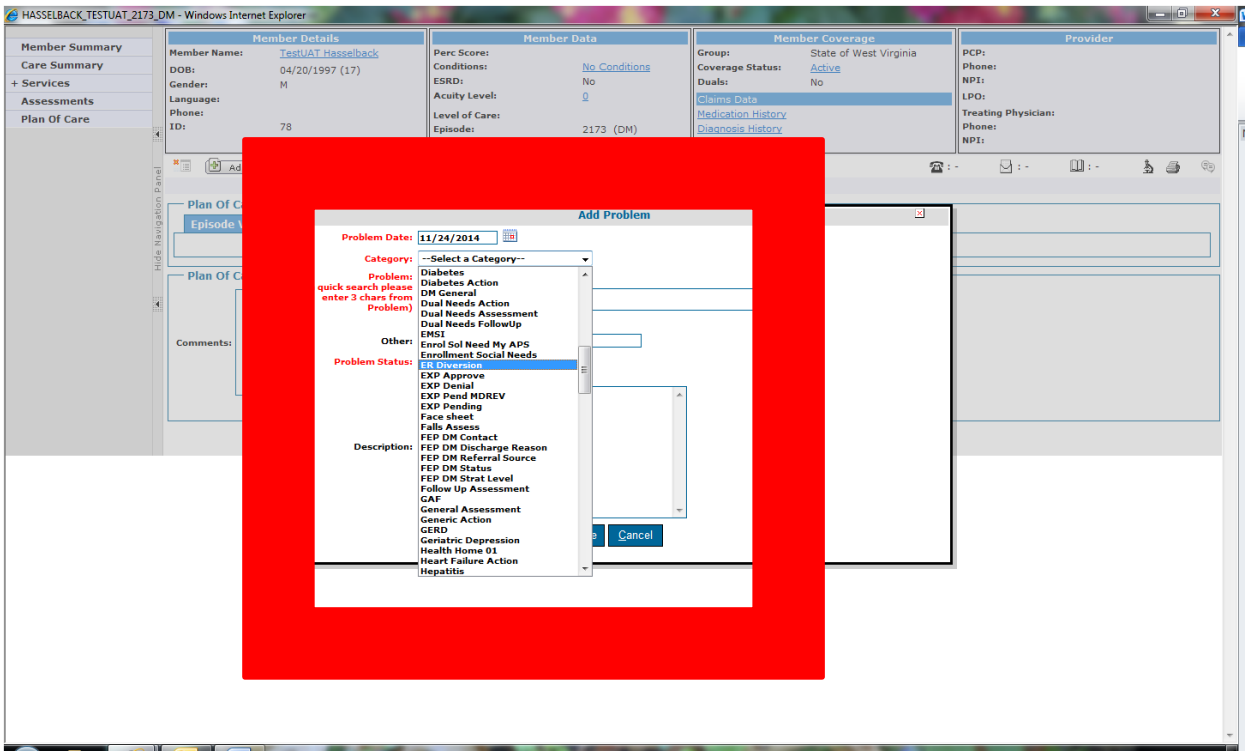


2.9 Plan of Care

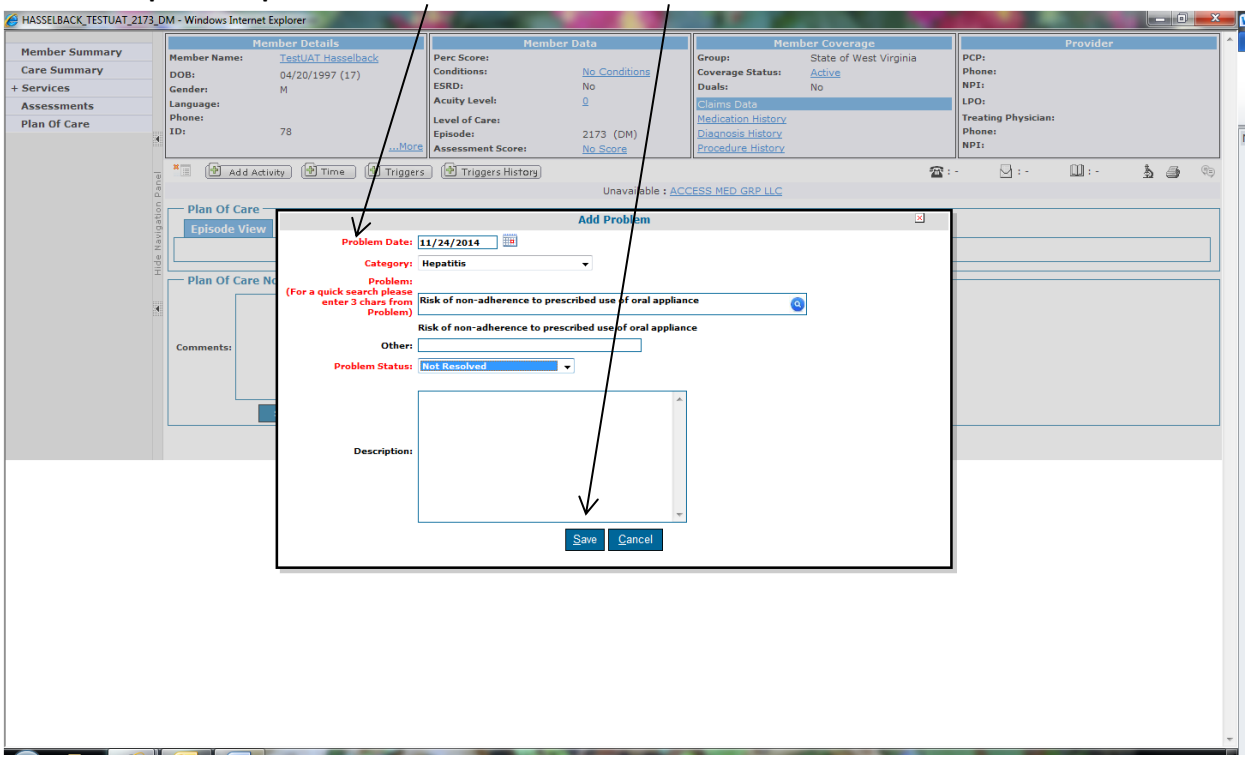
Click Plan of Care in the top left hand corner. Select Add Problem.



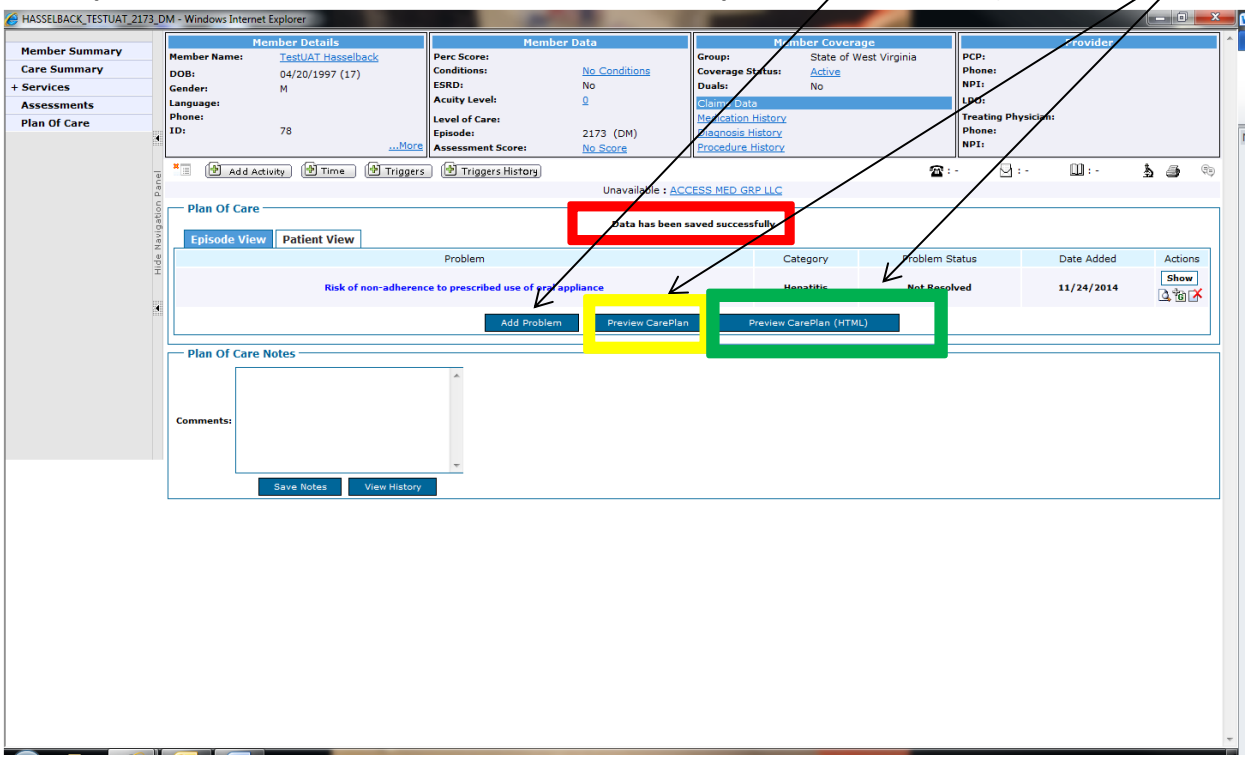
Select A Category.



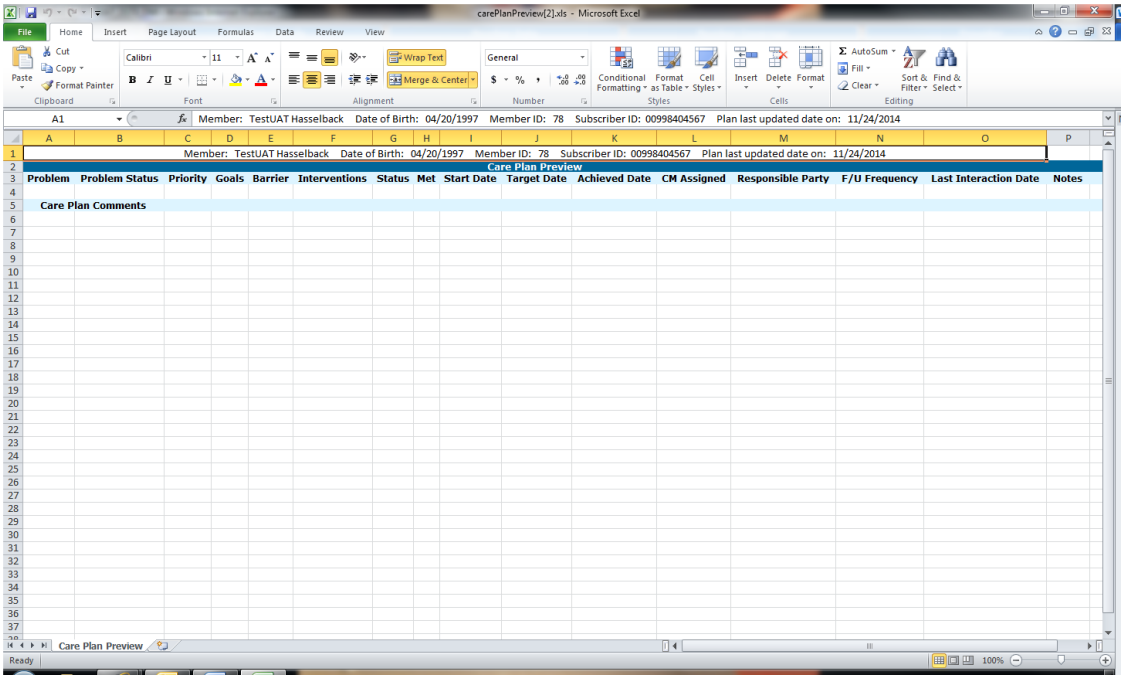
Complete all questions in red and then select Save.



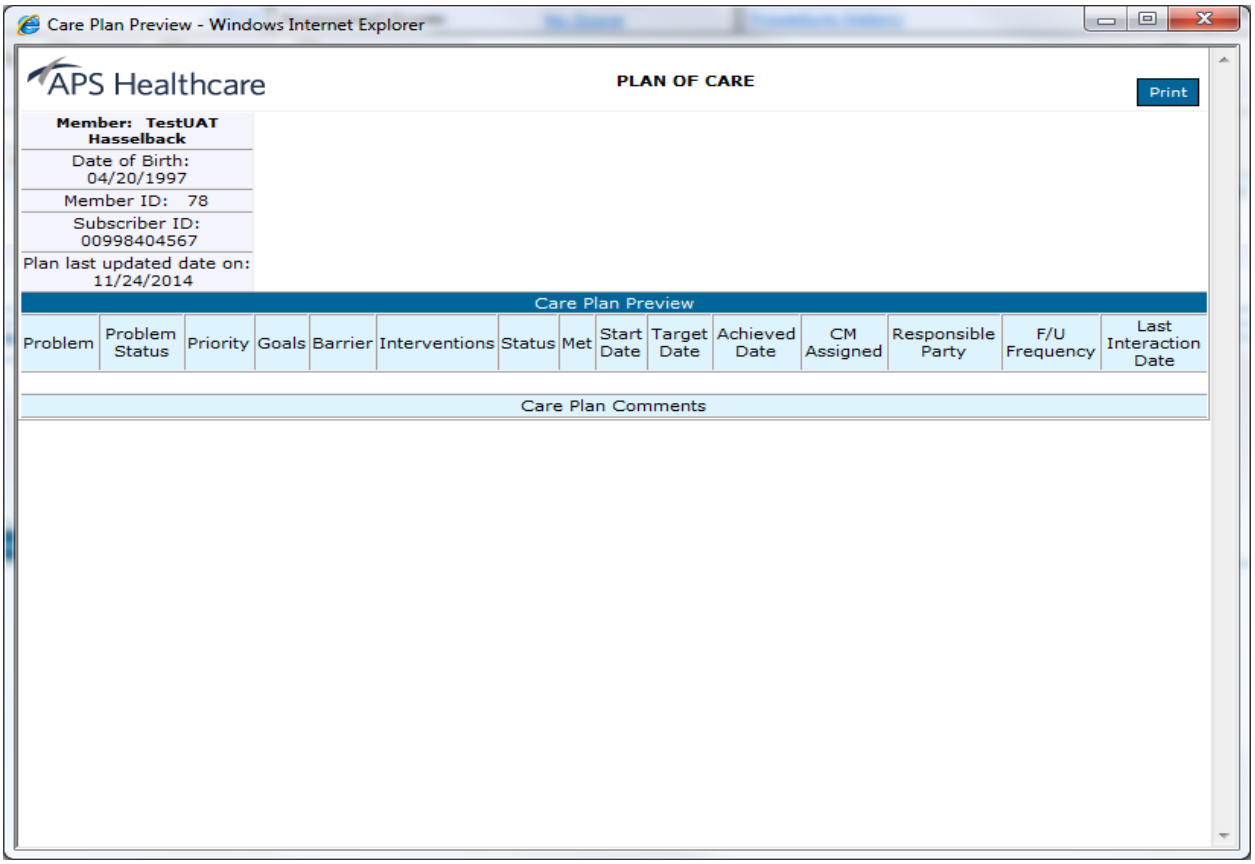
Data has been successfully saved and you may continue to add additional problems or preview care plan (Care plans are color coded in Yellow and Green for examples in Excel and Word).



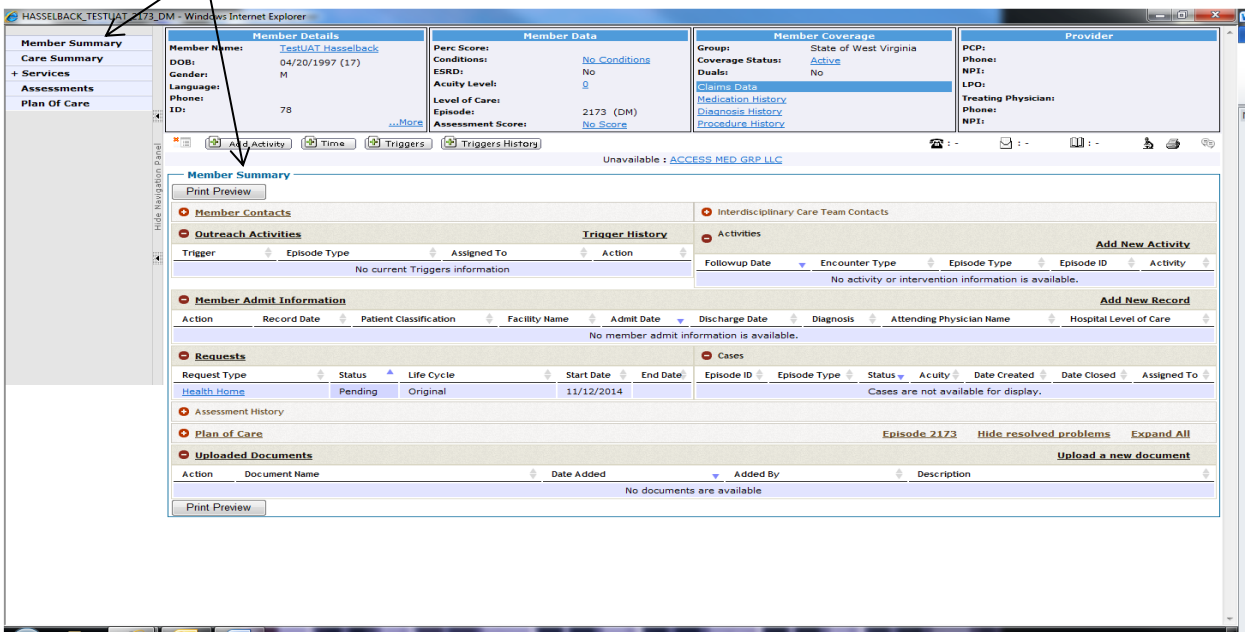
Preview Care Plan in Microsoft Excel



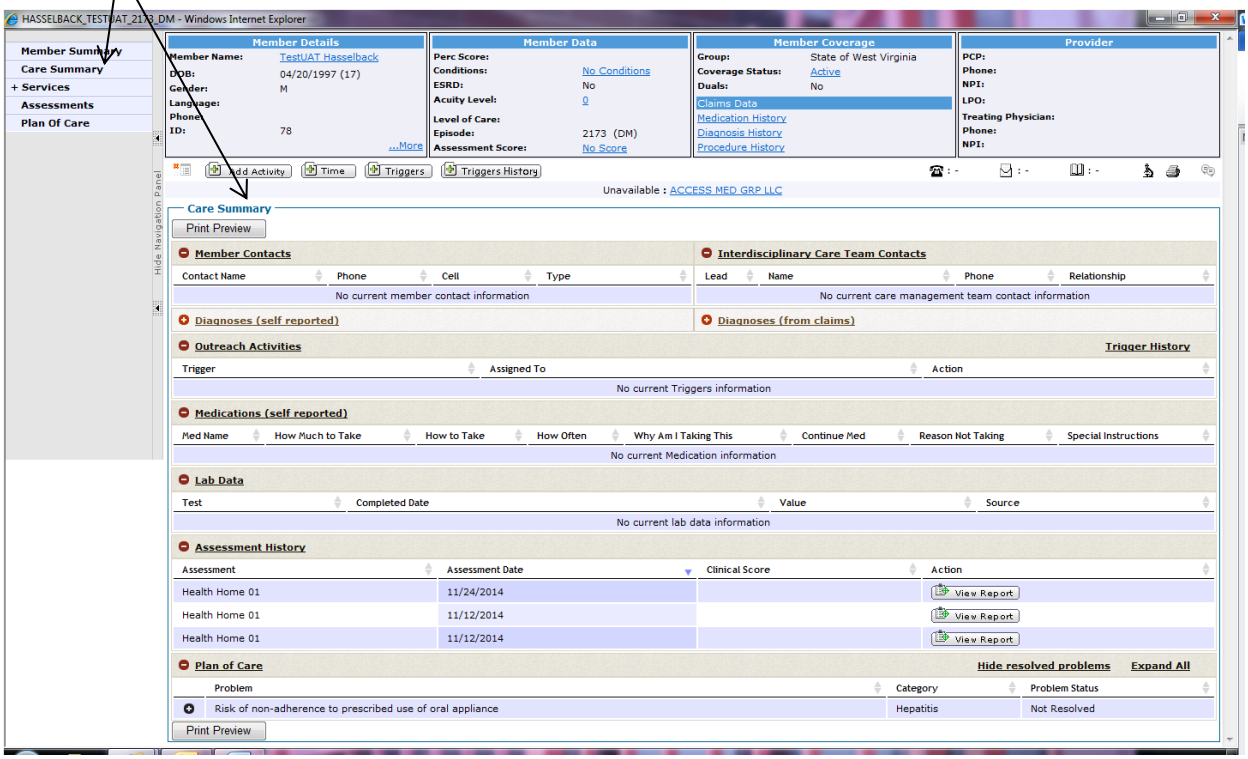
Preview Care Plan (HTML - Word)



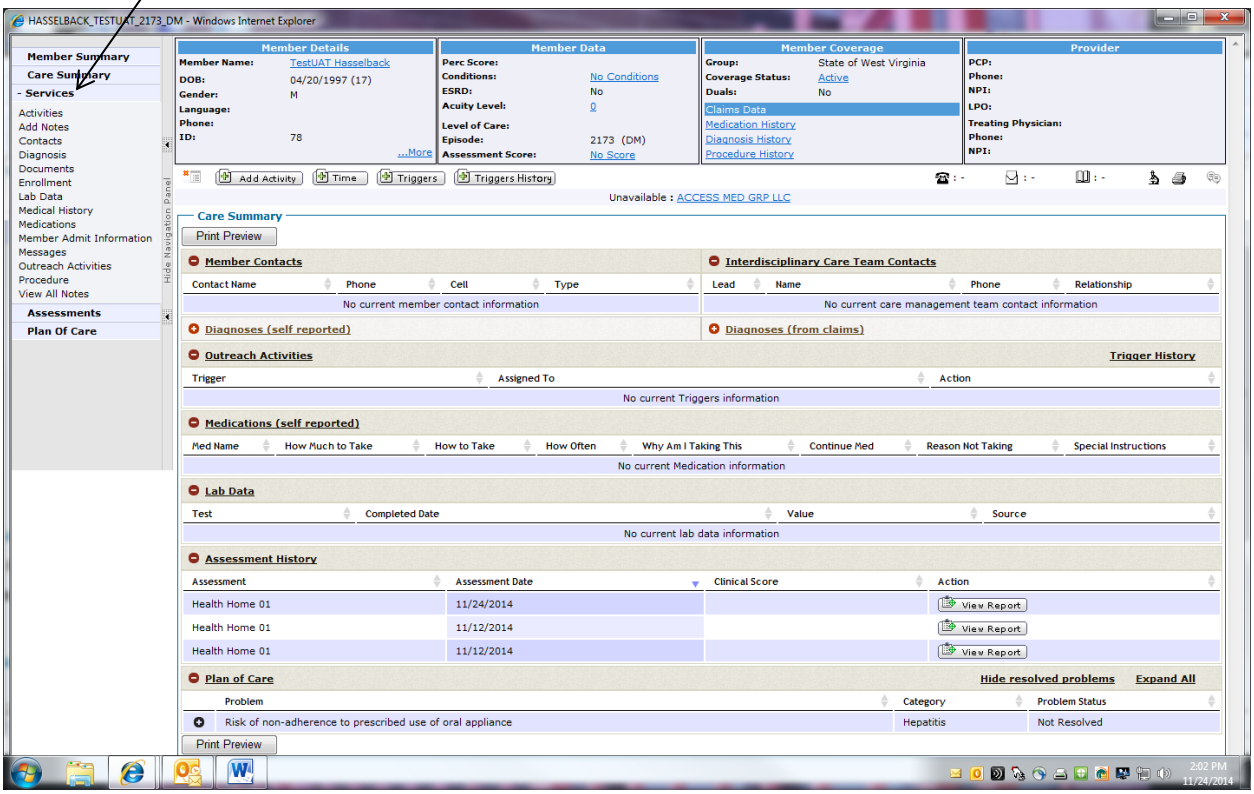
2.10 Member Summary:



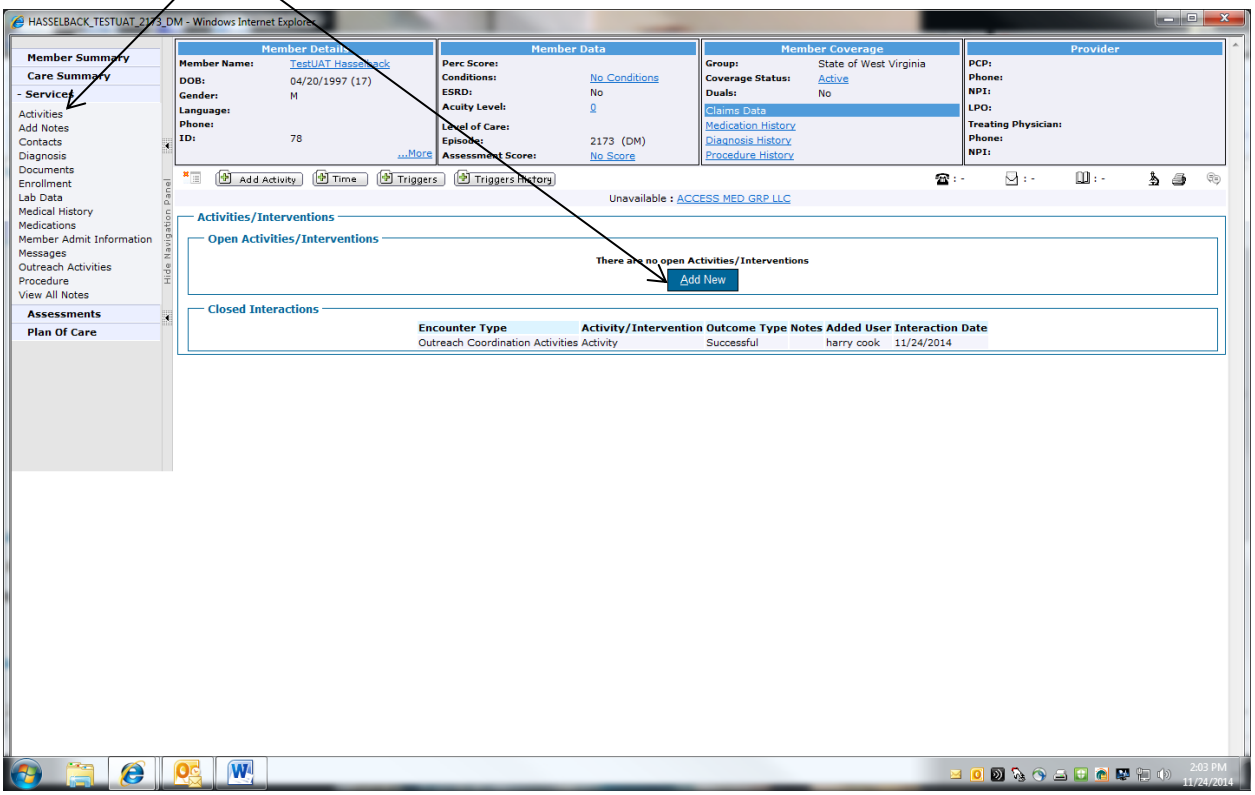
2.11 Care Summary



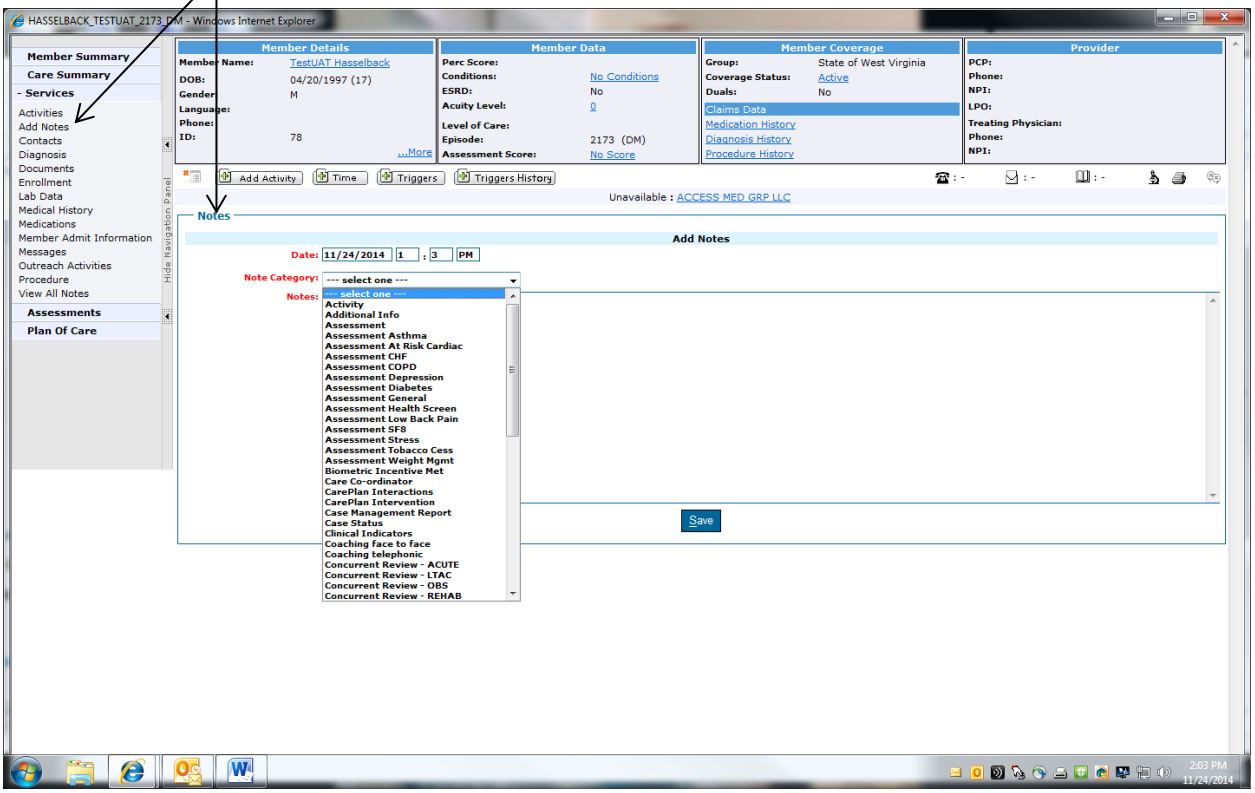
2.12 Services (All of these selections are optional fields, except for Enrollment)



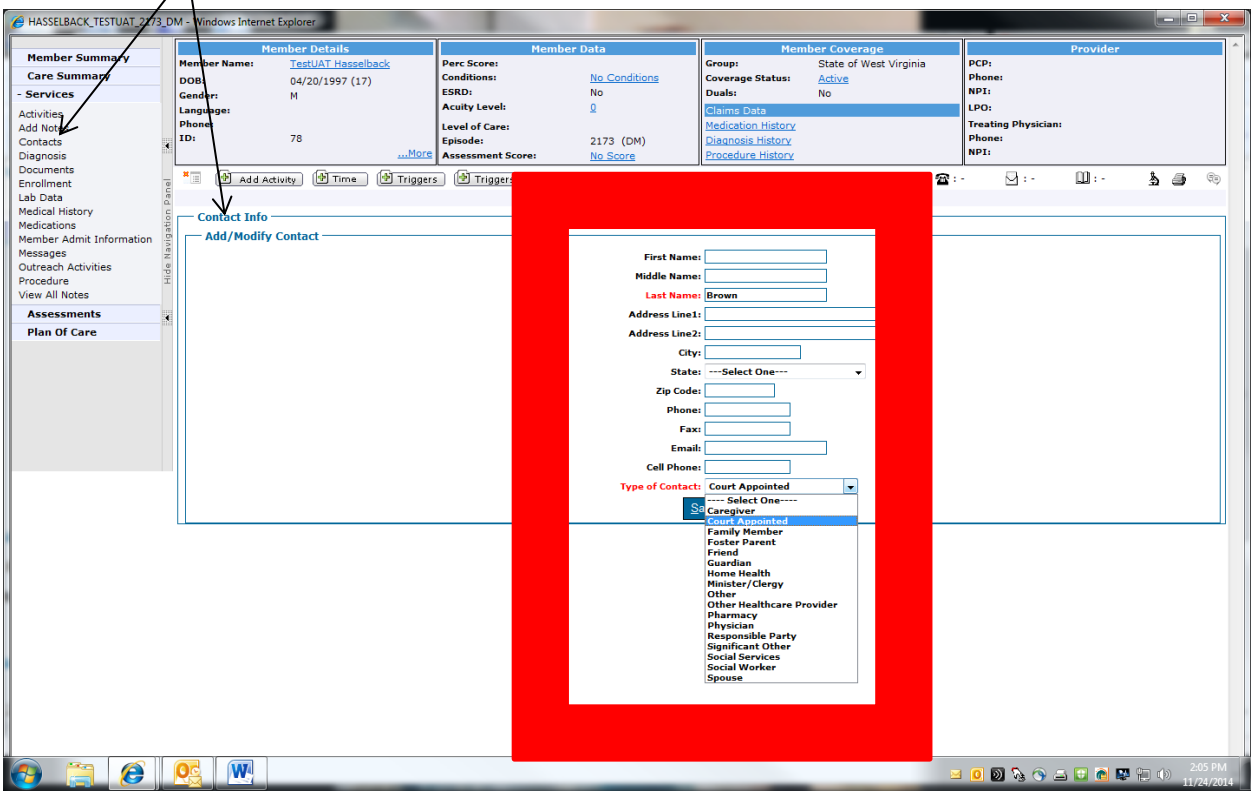
2.12.1 Activities



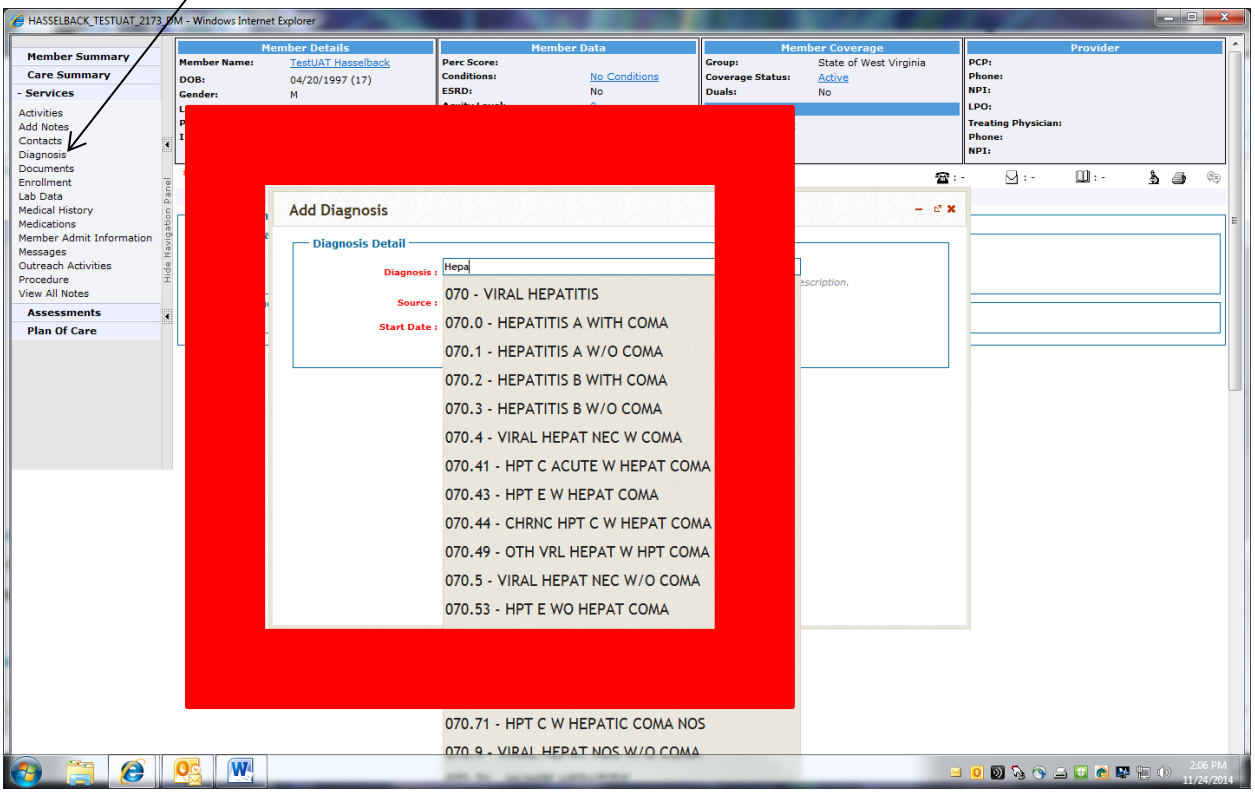
2.12.2 Add Notes:



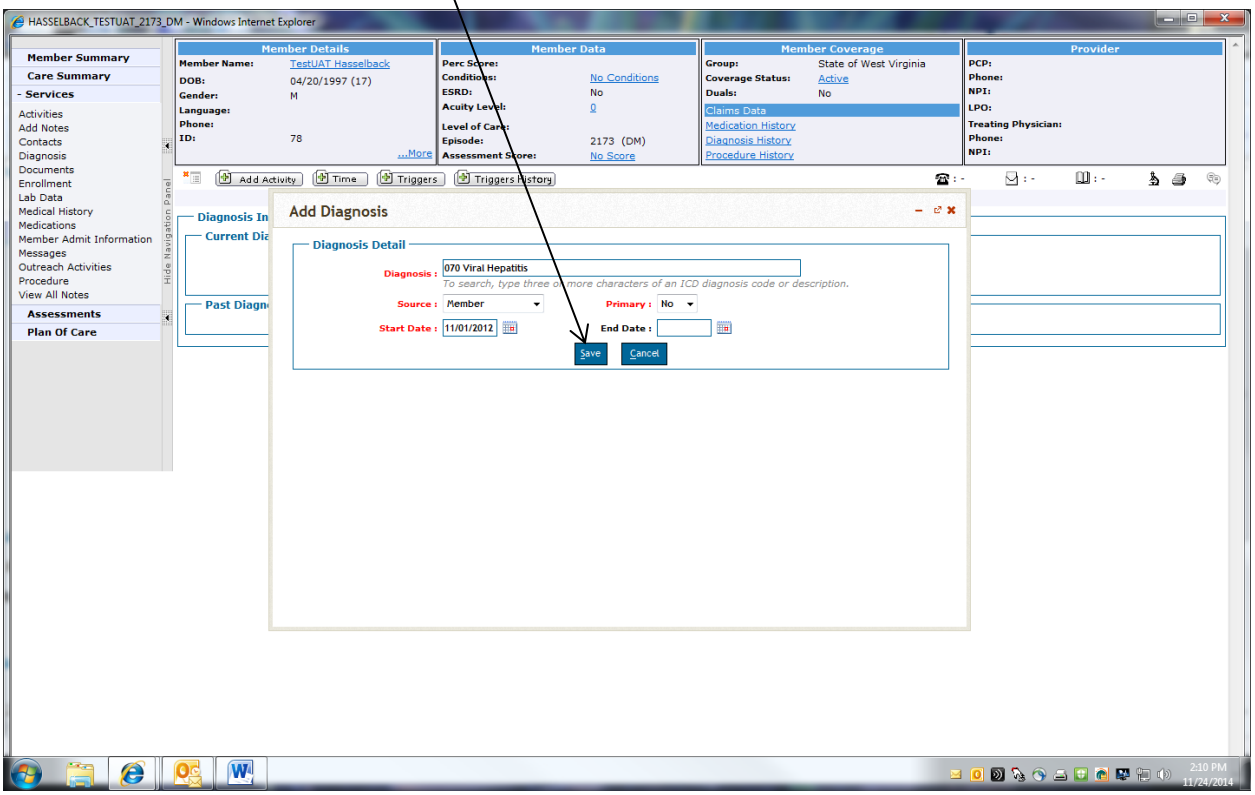
2.12.3 Contacts: (To modify contact information or add additional contacts)



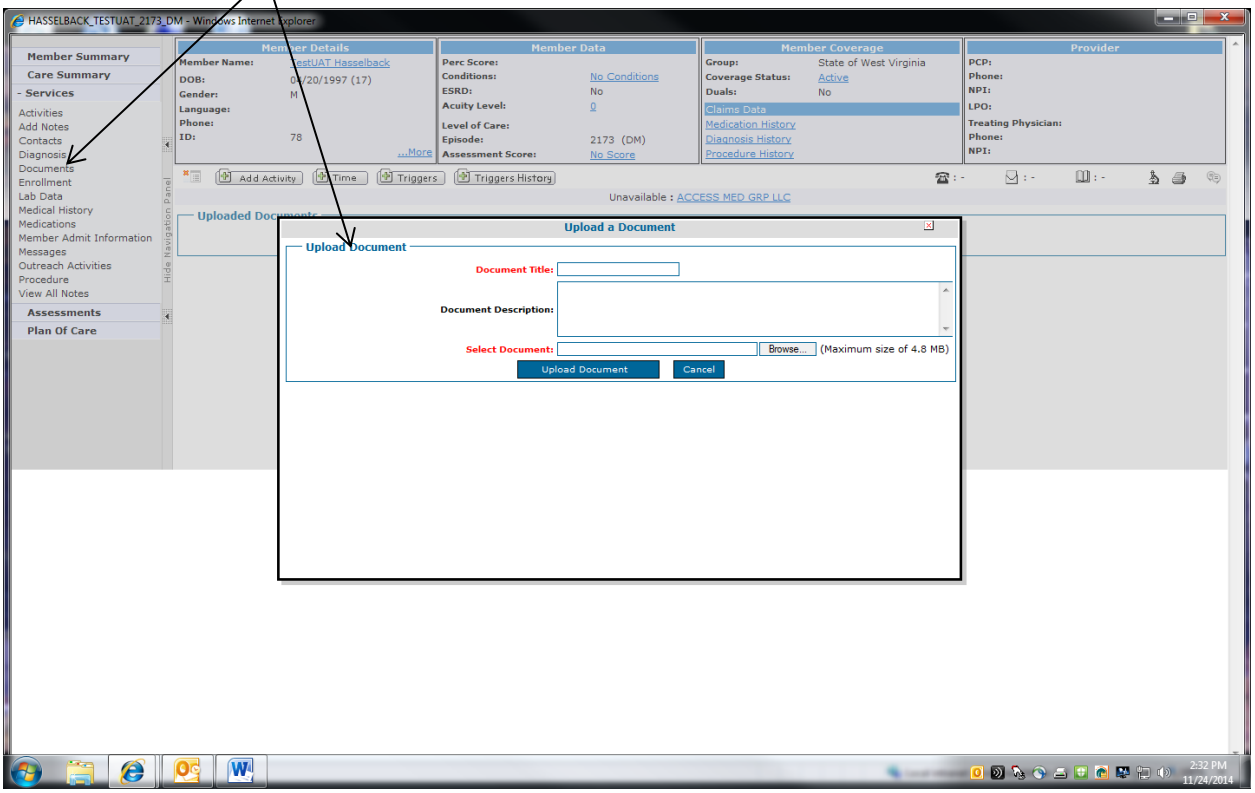
2.12.4 Diagnosis - Must type out the entire additional dx and code as they do not automatically add.



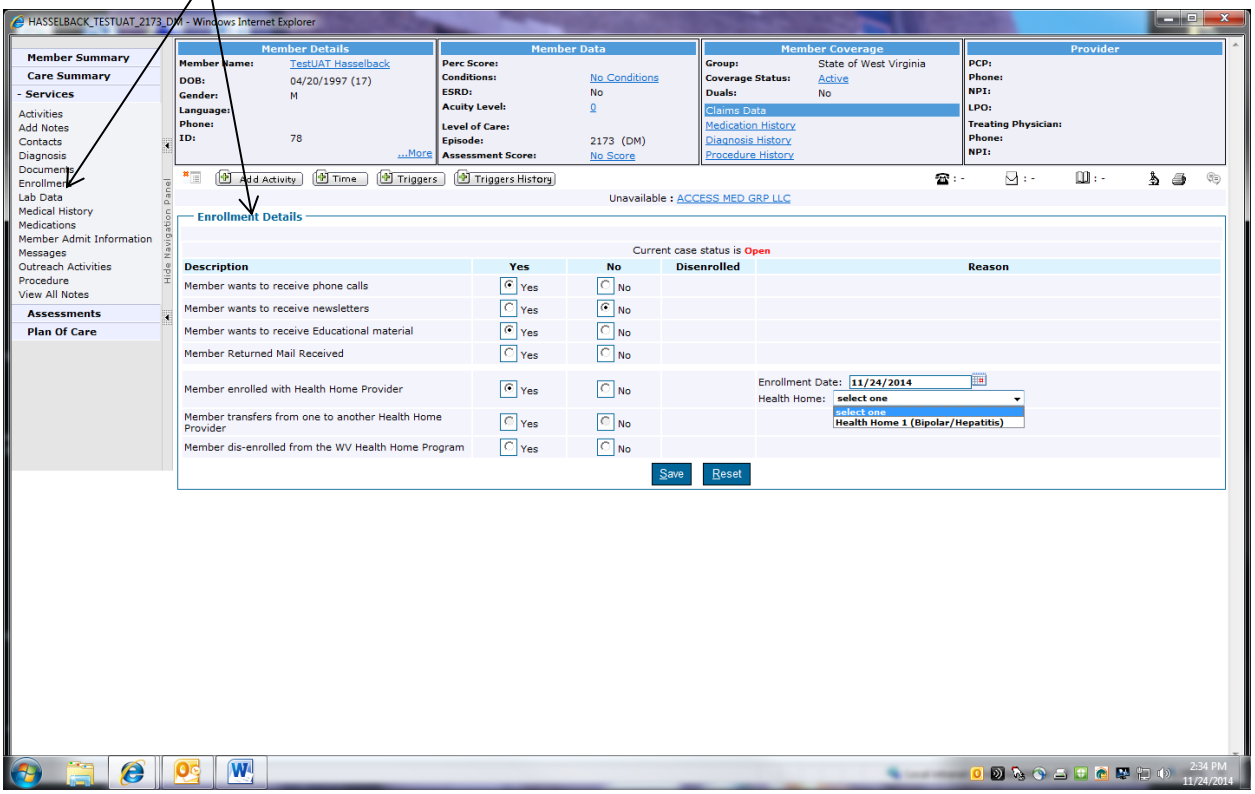
When complete, click the save button.



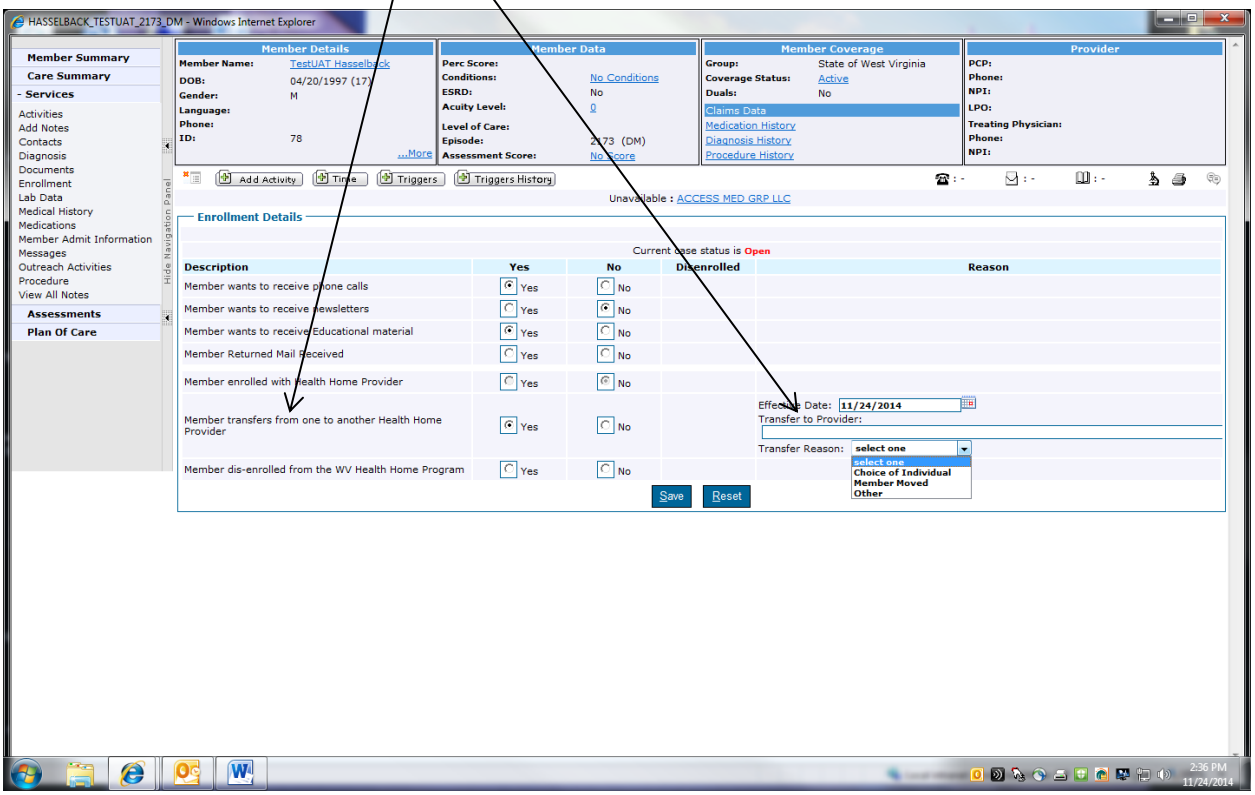
2.12.5 Upload Documents:



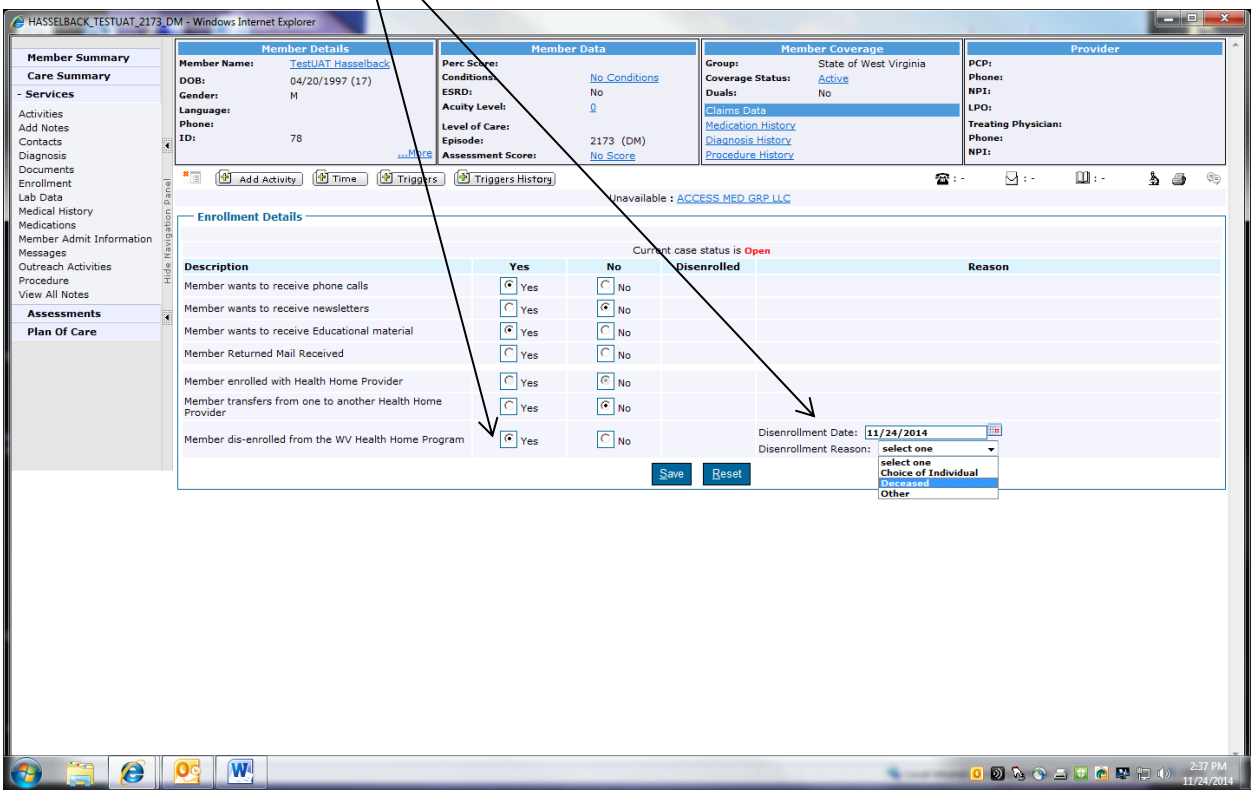
2.12.6 Enrollment: Must be completed by the Provider on each Member.



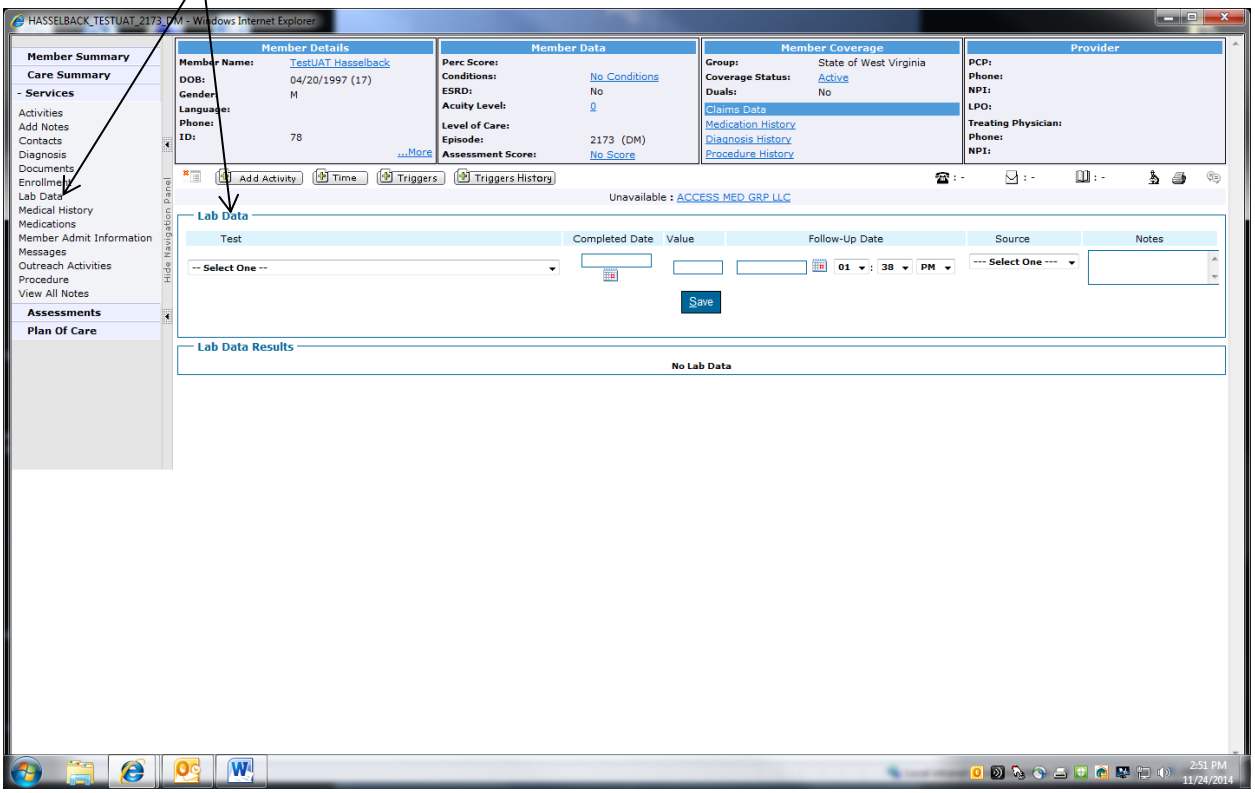
2.12.6.1 Enrollment: Transfer/Change providers- In order for the receiving Provider to complete the process of a request and obtain an authorization this section must be completed by the current Provider. If this occurs that the member is requesting to change Providers please call APS.



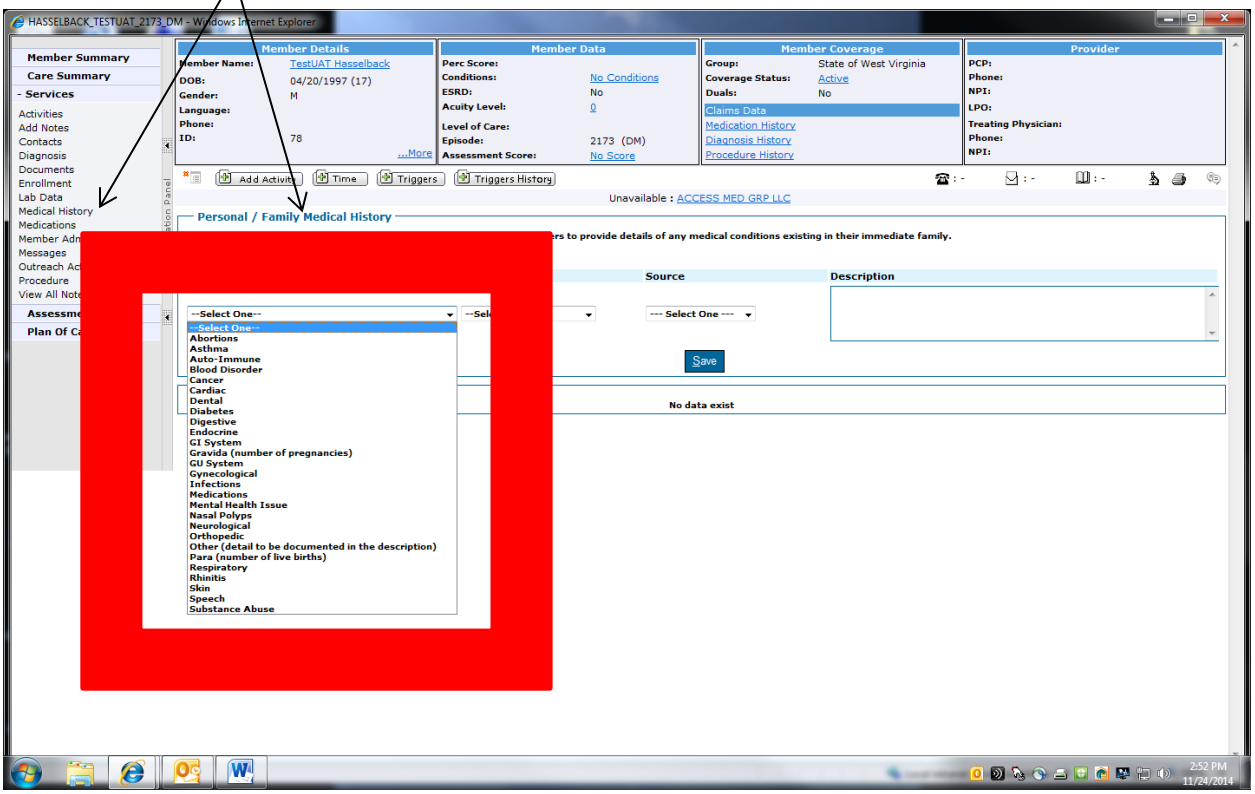
2.12.6.2 Dis-Enrollment: Enter the date of dis-enrollment and Select the dis-enrollment reason and then save.



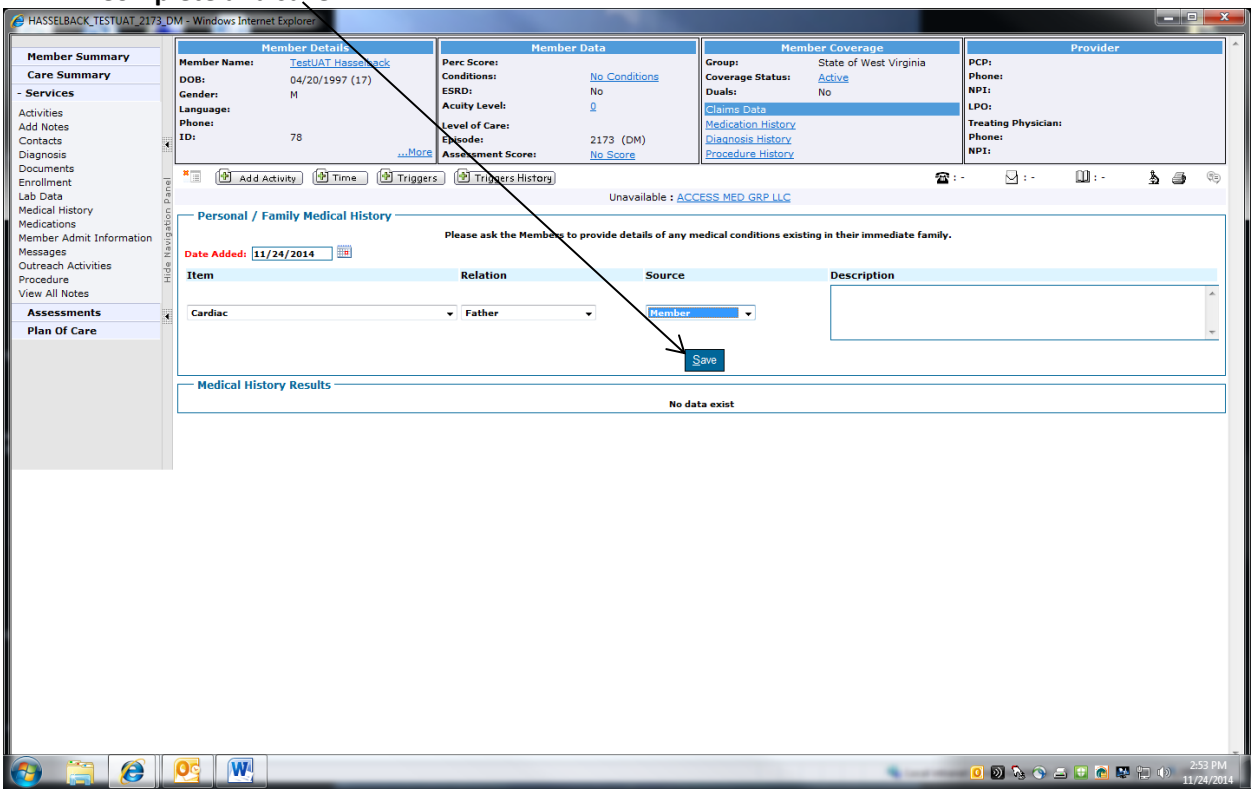
2.12.7 Lab Data:



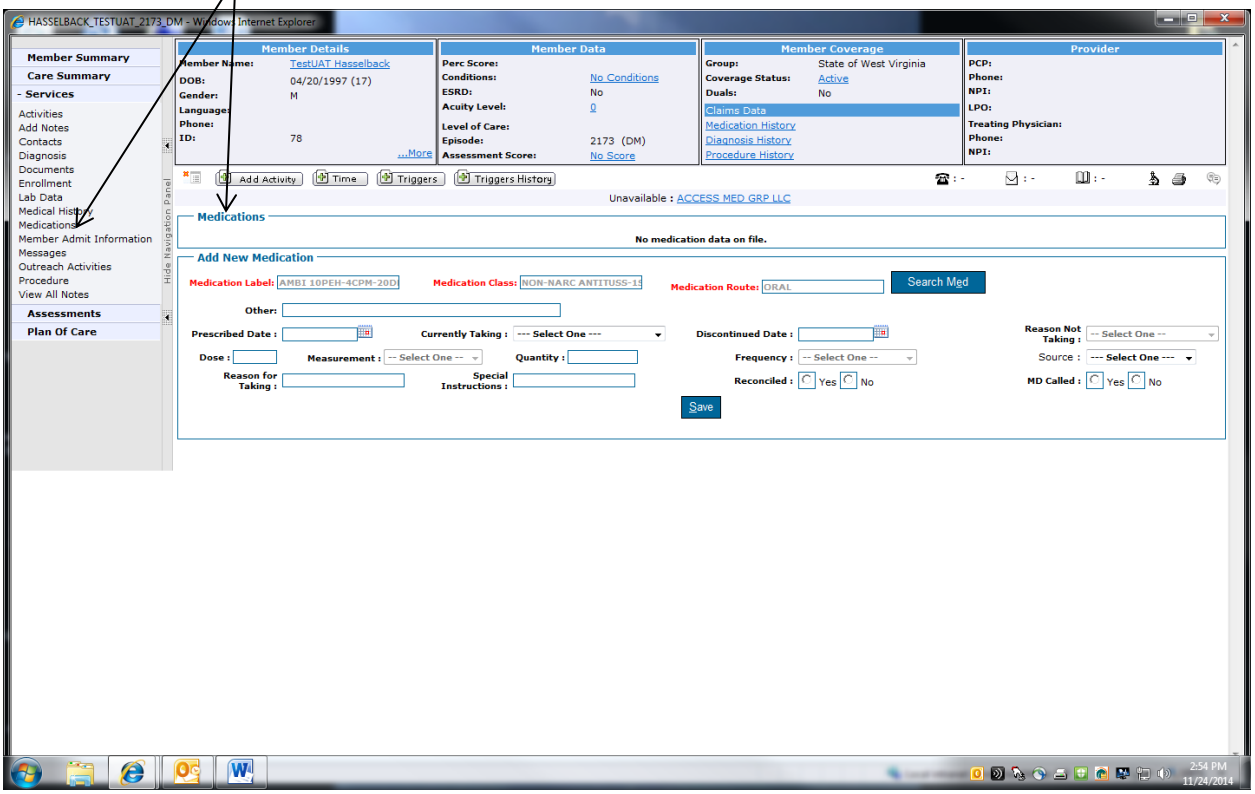
2.12.8 Medical History:



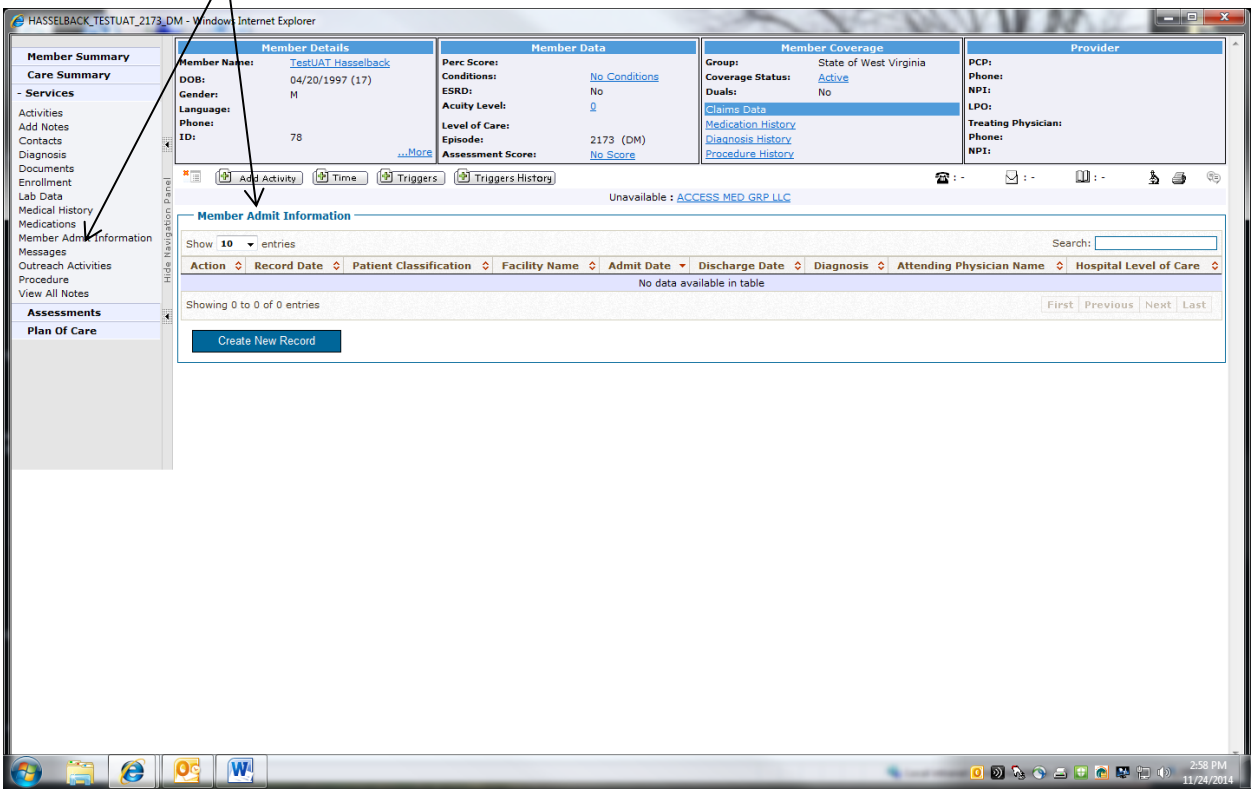
Complete and save.



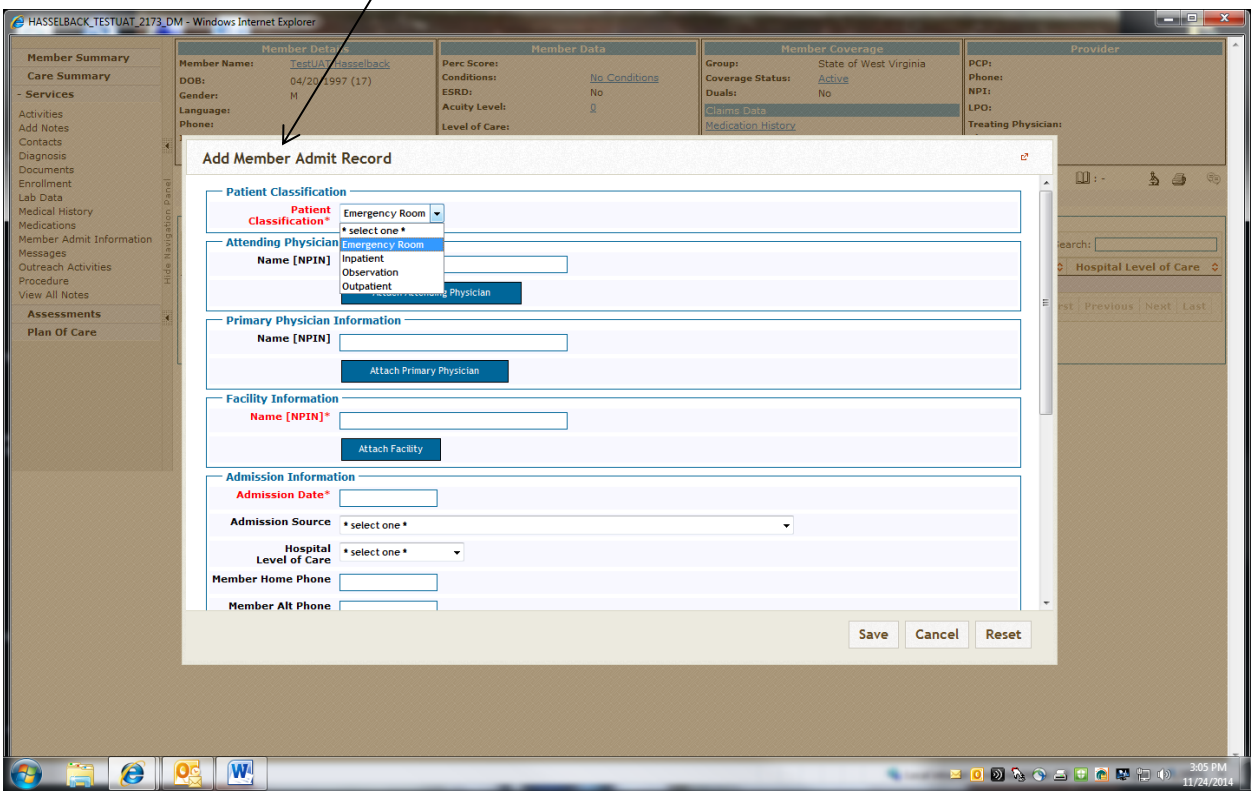
2.12.9 Medications:



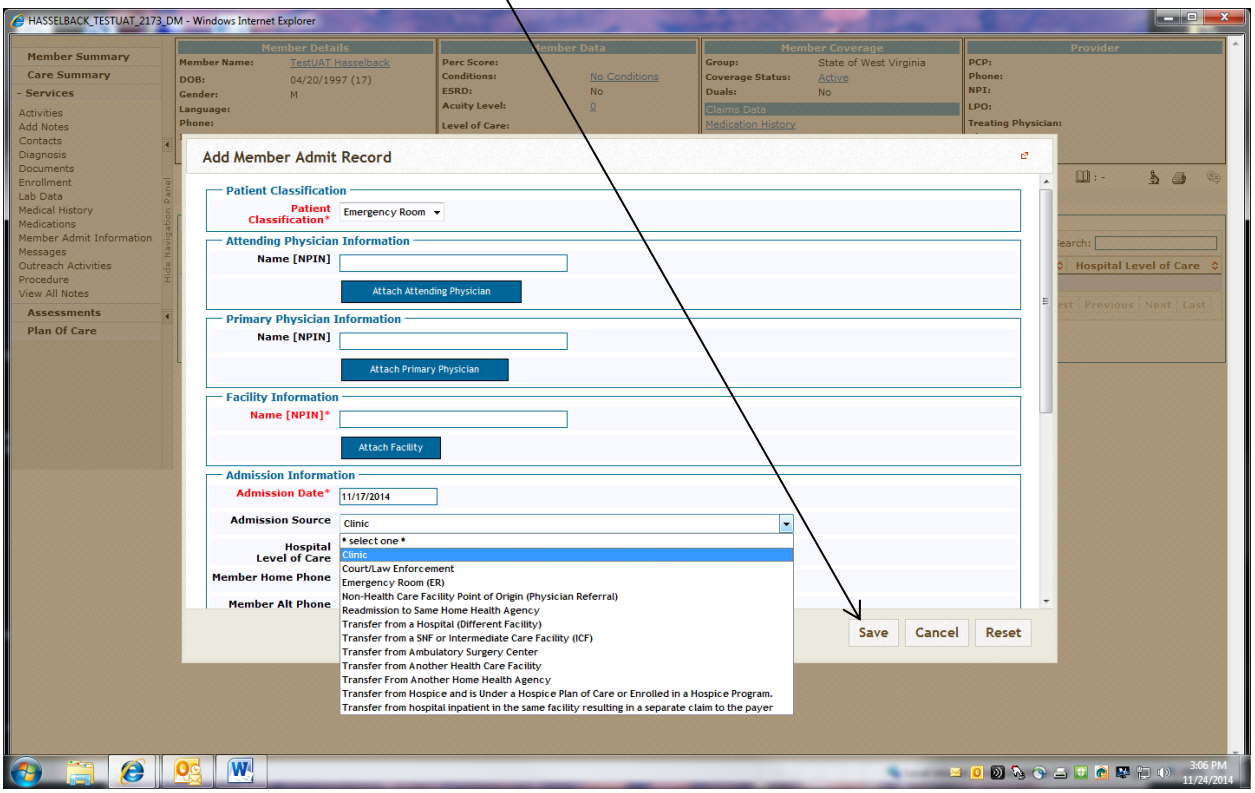
2.12.10 Member Admit Information:



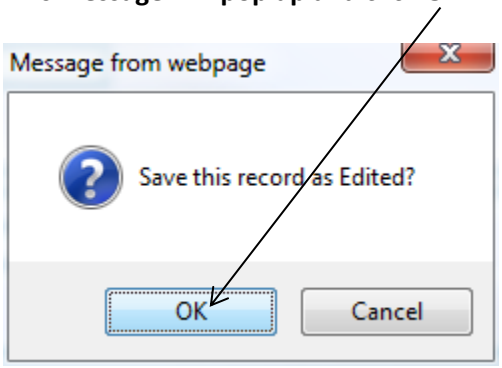
2.12.10.1 Create New Record - Must answer all mandatory questions with a red asterisk.



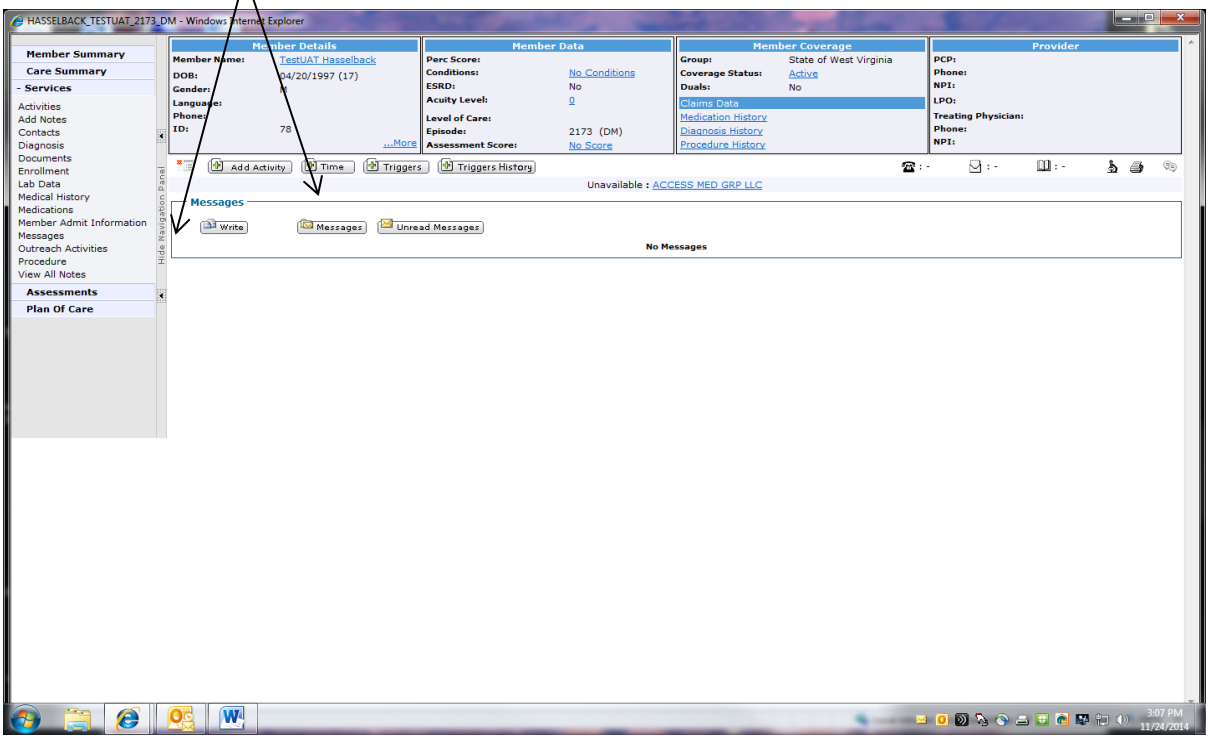
Once completed, click Save Button.



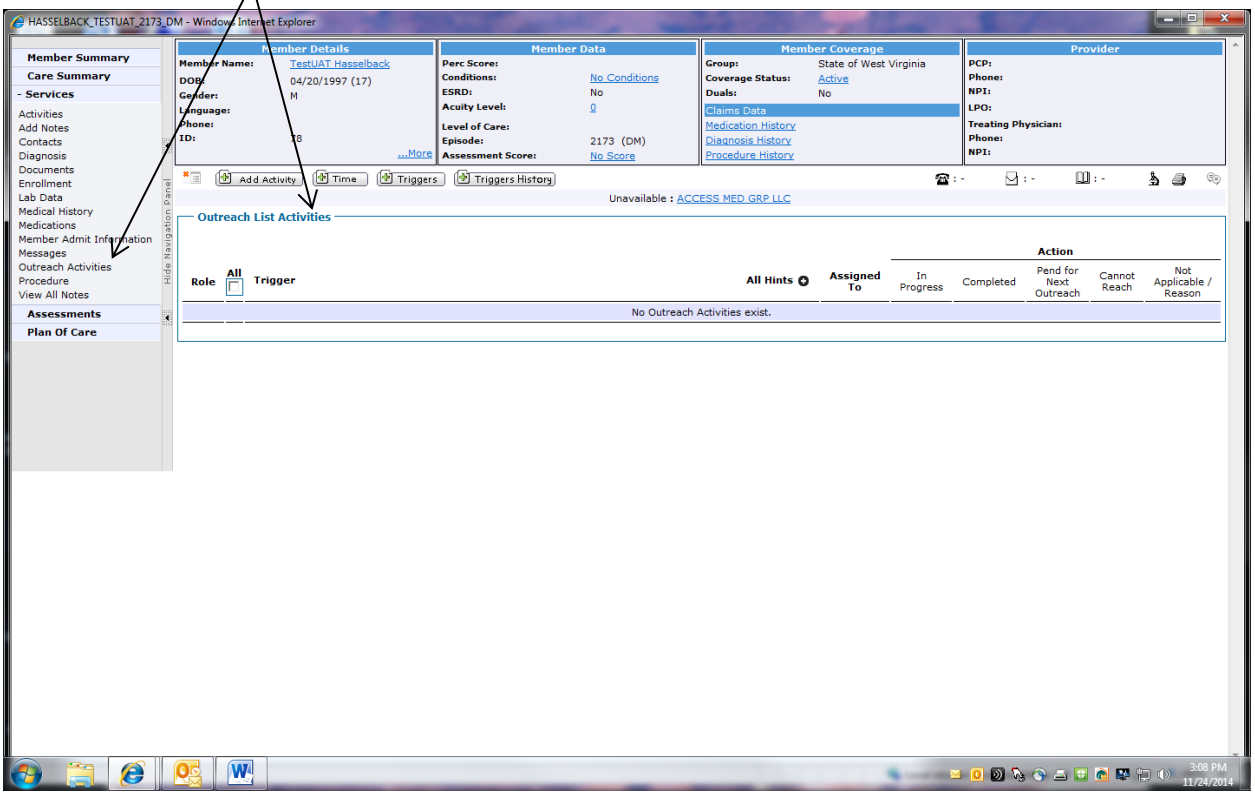
This message will pop up and click OK.



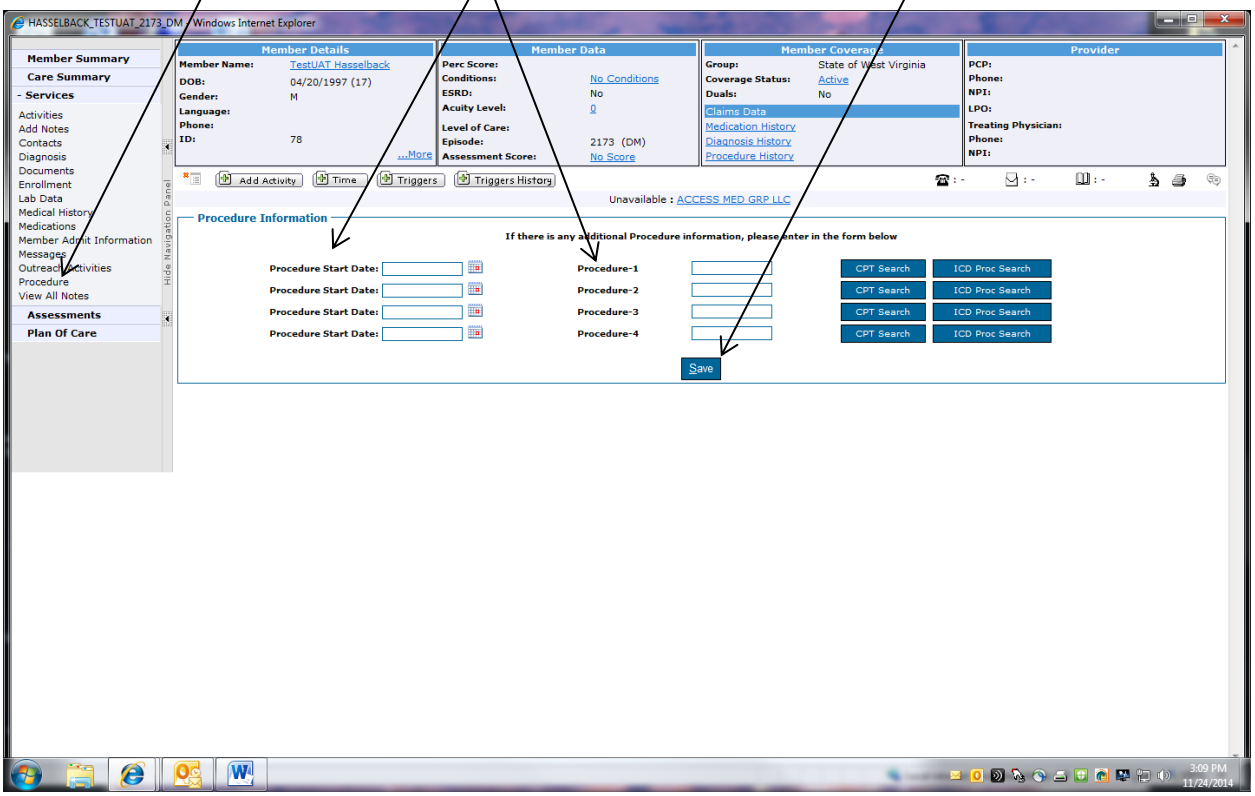
2.12.11 Messages: You may see read and unread messages and write new messages.



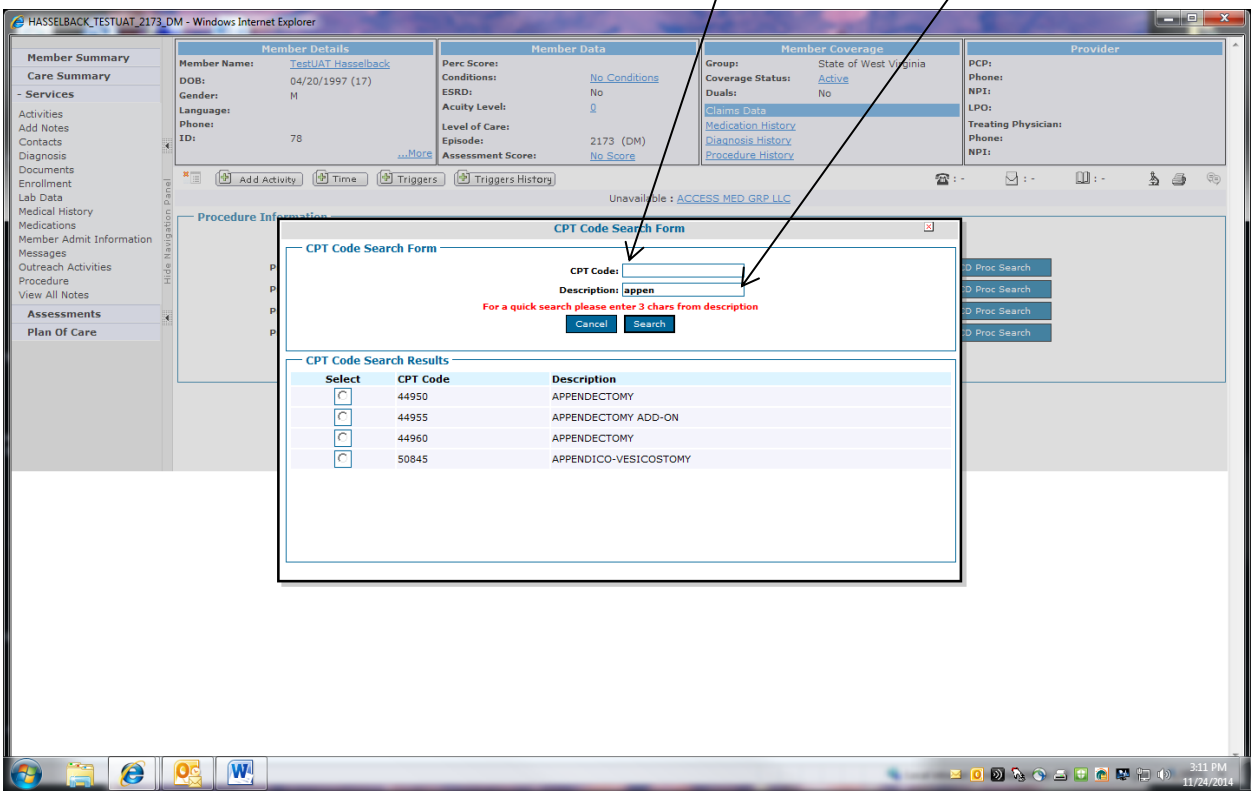
2.12.12 Outreach Activities:



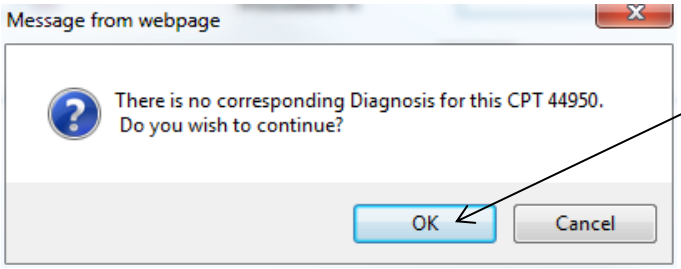
2.12.13 Procedures: List any procedure and always remember to save after completion.



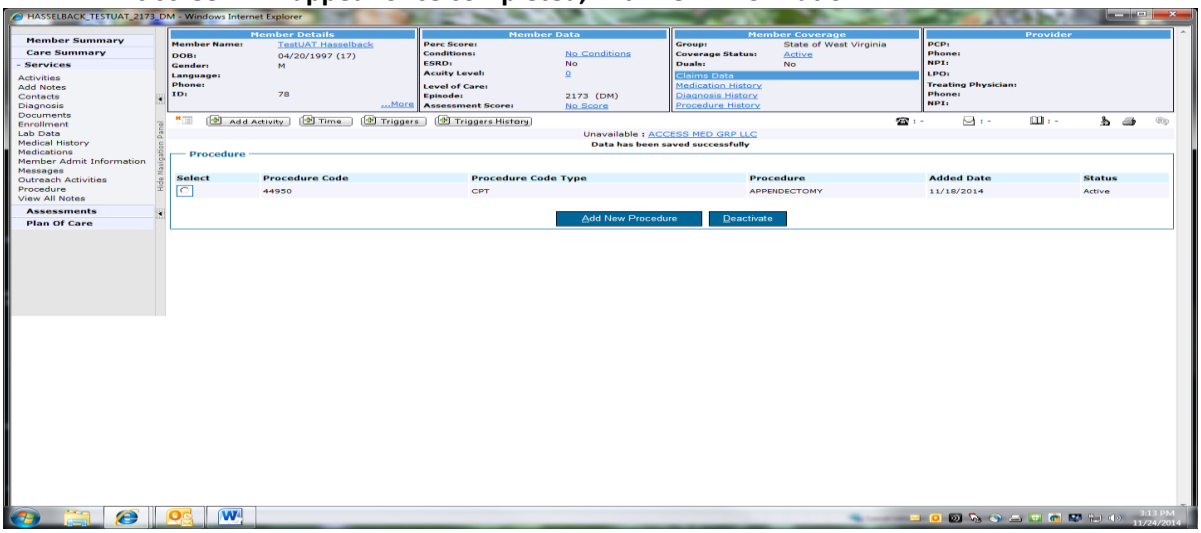
2.12.13.1 Enter all necessary information: CPT code and/or Diagnosis.



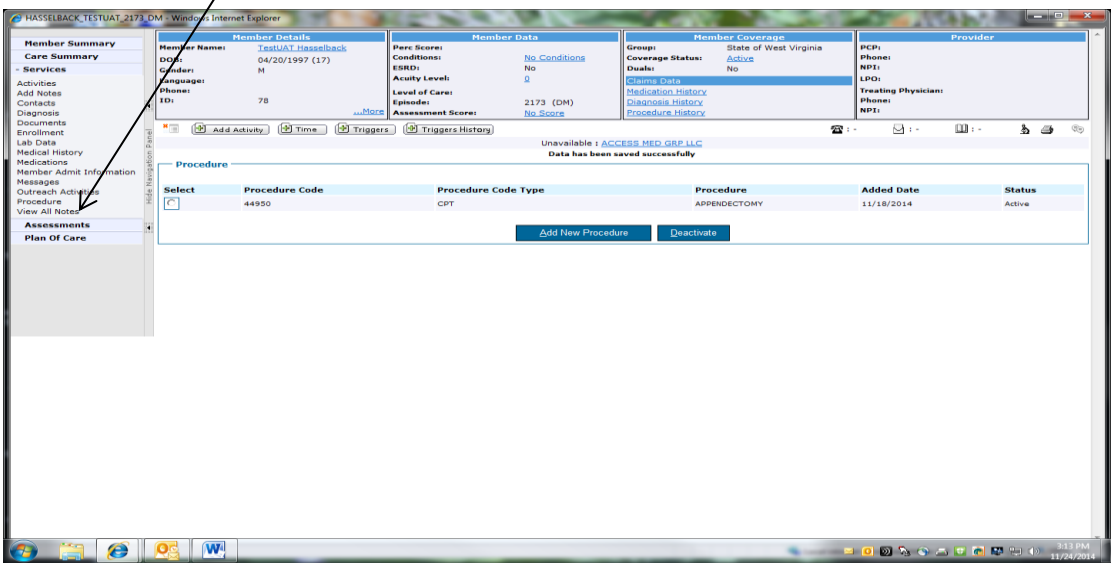
Following message may appear if you have not entered a corresponding Diagnosis; click OK to continue.



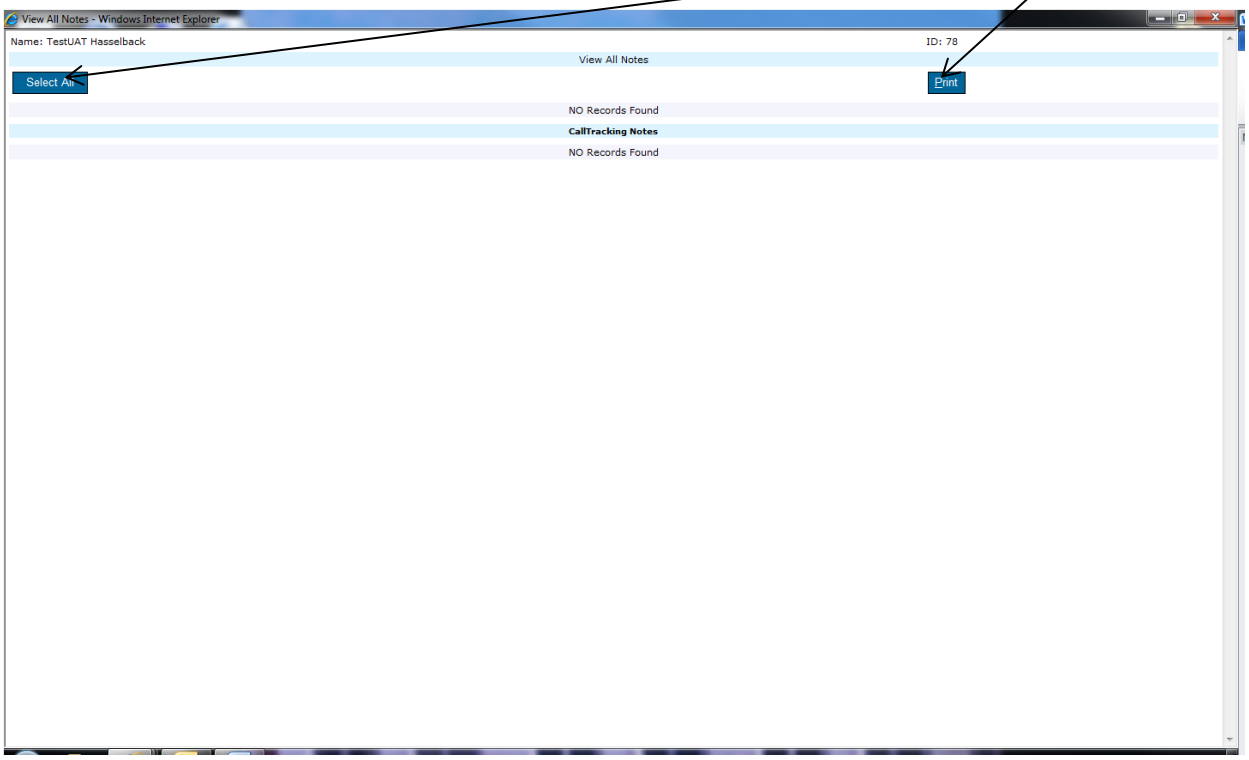
This screen will appear once completed, with new information.



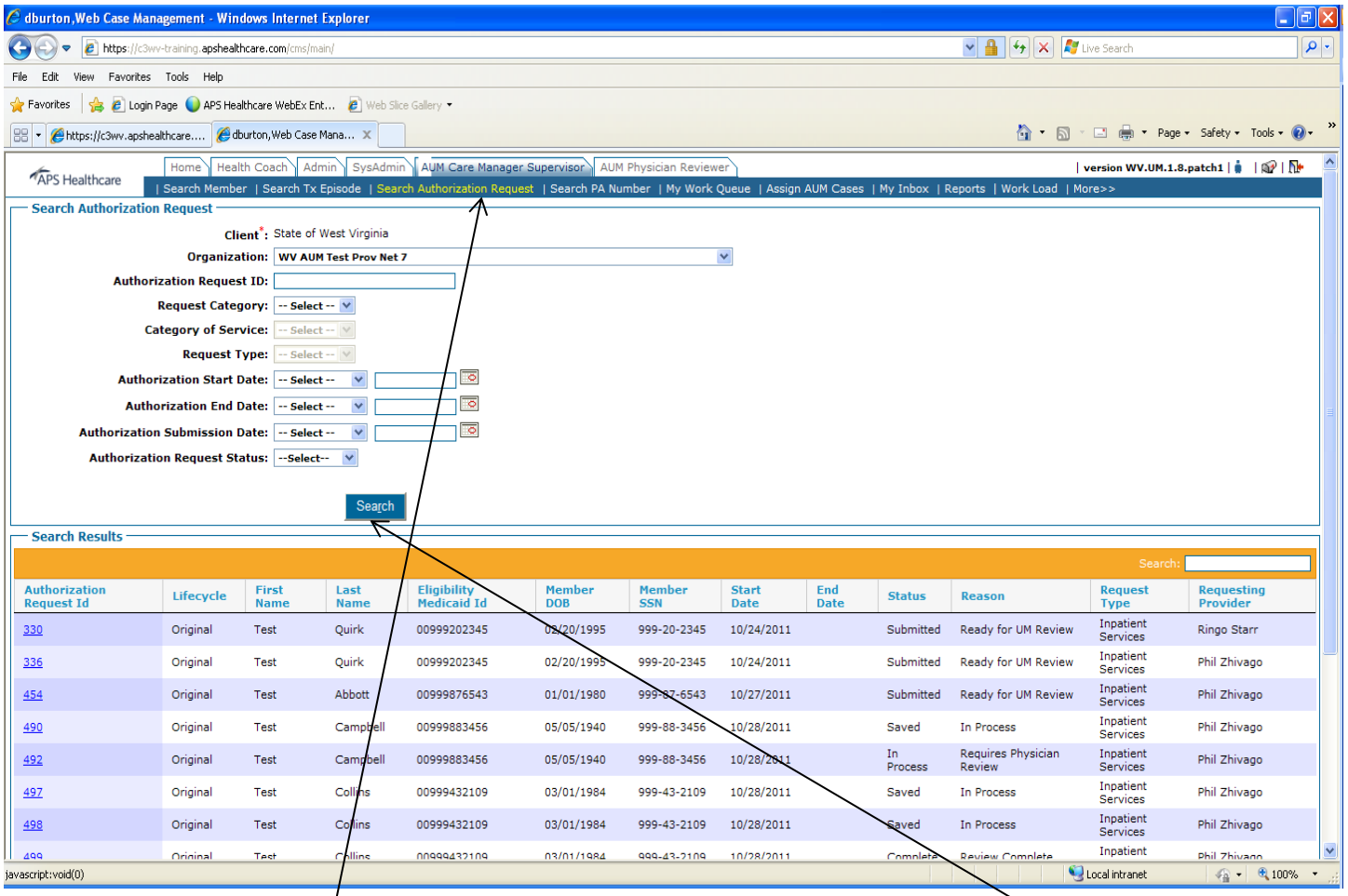
2.12.14 View all notes:



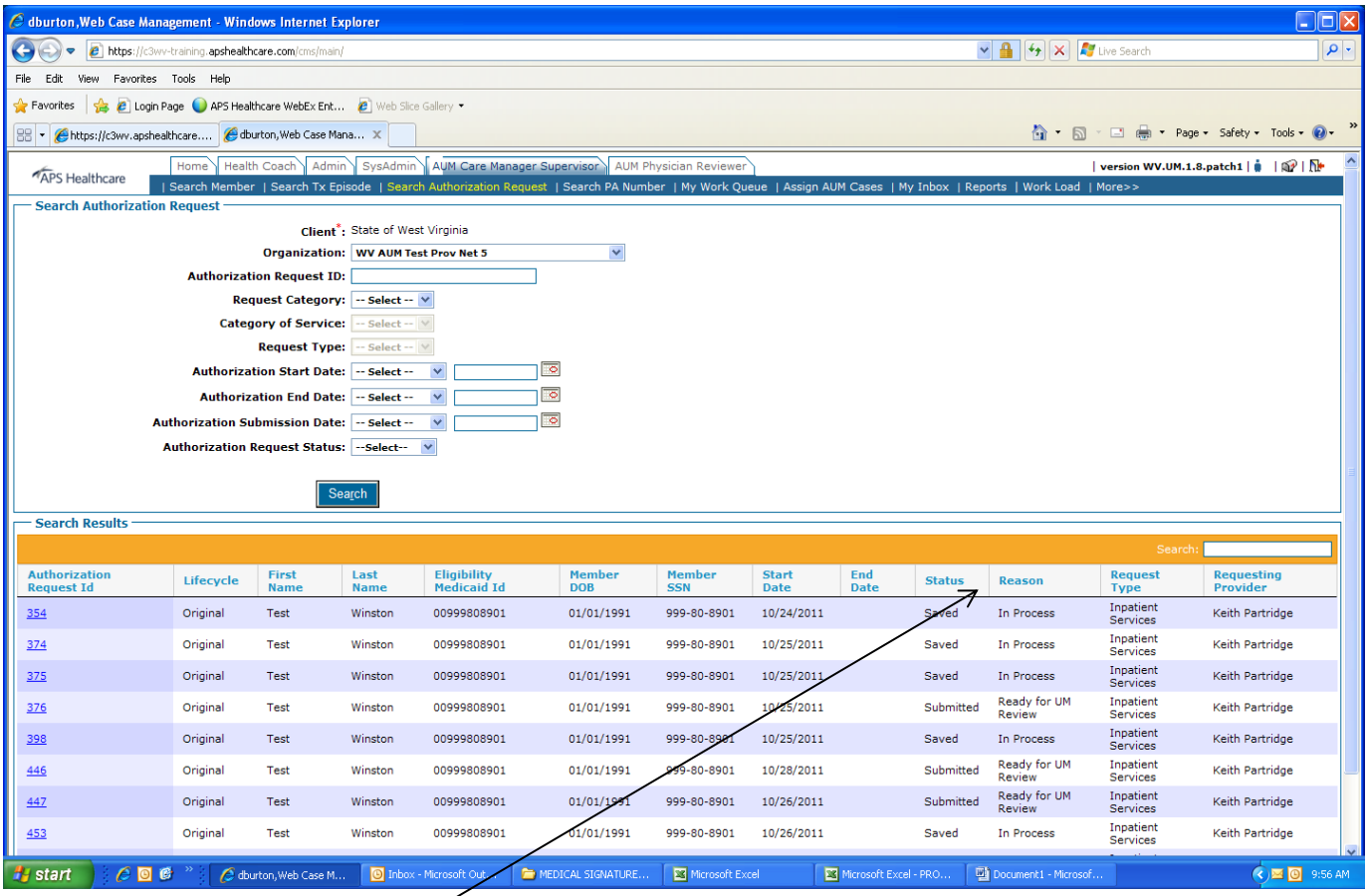
2.12.14.1 View all notes screen will appear and you may select all or print the notes from this screen.



2.13 Searching for Authorizations/Closed Requests:


dburton,Web Case Management - Windows Internet Explorer
https://c3wv-training.apshealthcare.com/cms/main/
Home
Health Coach
Admin
SysAdmin
AUM Care Manager Supervisor
AUM Physician Reviewer
version WV.UM.1.8.patch1
Search Member | Search Tx Episode | Search Authorization Request | Search PA Number | My Work Queue | Assign AUM Cases | My Inbox | Reports | Work Load | More>>
Search Authorization Request
Client*: State of West Virginia
Organization: WV AUM Test Prov Net 7
Authorization Request ID:
Request Category: -- Select --
Category of Service: -- Select --
Request Type: -- Select --
Authorization Start Date: -- Select --
Authorization End Date: -- Select --
Authorization Submission Date: -- Select --
Authorization Request Status: --Select--
Search
Search Results
Search:
Authorization Request Id | Lifecycle | First Name | Last Name | Eligibility Medicaid Id | Member DOB | Member SSN | Start Date | End Date | Status | Reason | Request Type | Requesting Provider
330 | Original | Test | Quirk | 00999202345 | 02/20/1995 | 999-20-2345 | 10/24/2011 | | Submitted | Ready for UM Review | Inpatient Services | Ringo Starr
336 | Original | Test | Quirk | 00999202345 | 02/20/1995 | 999-20-2345 | 10/24/2011 | | Submitted | Ready for UM Review | Inpatient Services | Phil Zhivago
454 | Original | Test | Abbott | 00999876543 | 01/01/1980 | 999-87-6543 | 10/27/2011 | | Submitted | Ready for UM Review | Inpatient Services | Phil Zhivago
490 | Original | Test | Campbell | 00999883456 | 05/05/1940 | 999-88-3456 | 10/28/2011 | | Saved | In Process | Inpatient Services | Phil Zhivago
492 | Original | Test | Campbell | 00999883456 | 05/05/1940 | 999-88-3456 | 10/28/2011 | | In Process | Requires Physician Review | Inpatient Services | Phil Zhivago
497 | Original | Test | Collins | 00999432109 | 03/01/1984 | 999-43-2109 | 10/28/2011 | | Saved | In Process | Inpatient Services | Phil Zhivago
498 | Original | Test | Collins | 00999432109 | 03/01/1984 | 999-43-2109 | 10/28/2011 | | Saved | In Process | Inpatient Services | Phil Zhivago
javascript:void(0)
Local intranet
100%

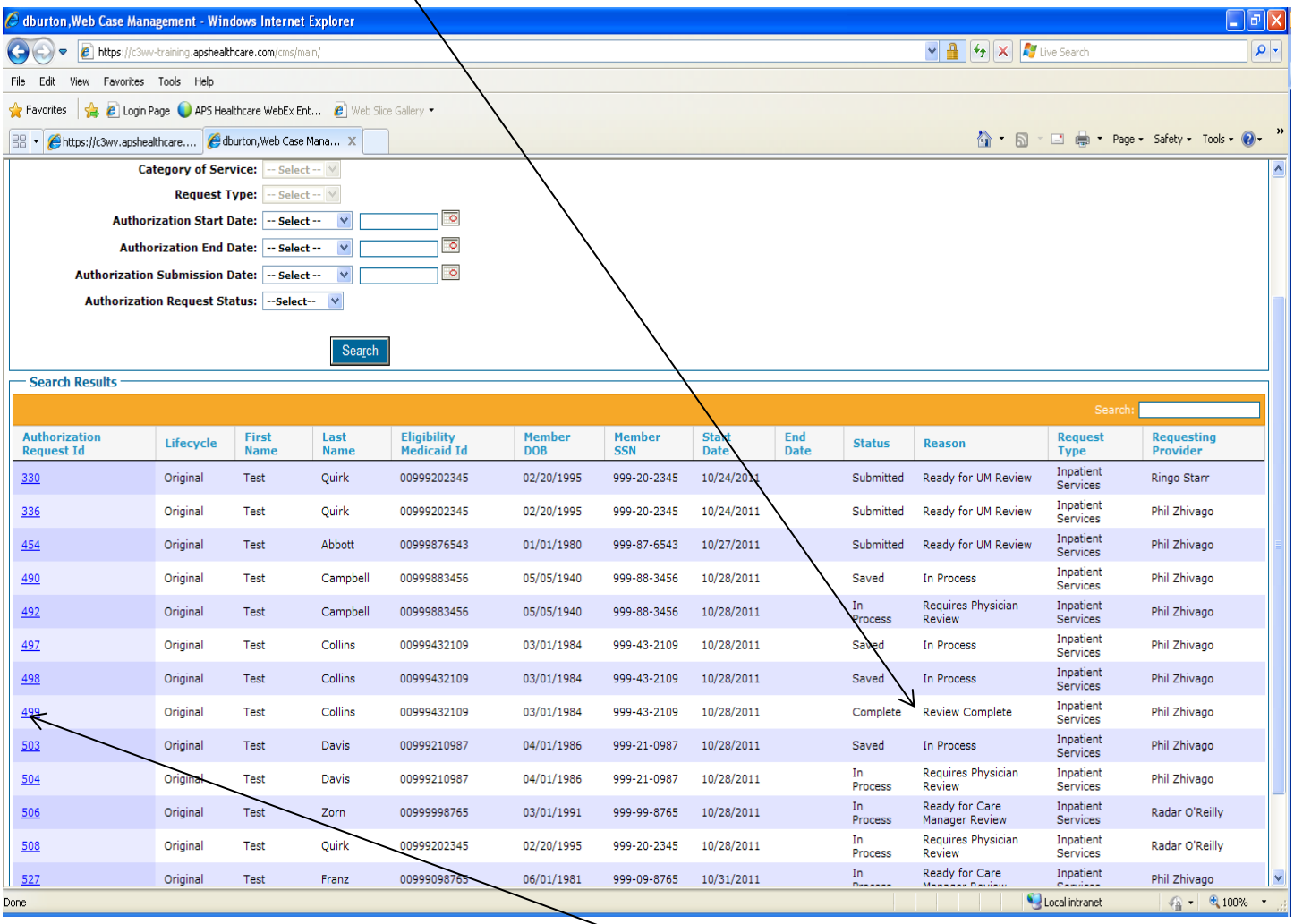
Go to Search Authorization Request tab. Once your organization name pops up, then click search. Every request that your organization has submitted will appear under search results.


dburton,Web Case Management - Windows Internet Explorer
APS Healthcare
Home | Health Coach | Admin | SysAdmin | AUM Care Manager Supervisor | AUM Physician Reviewer
Search Member | Search Tx Episode | Search Authorization Request | Search PA Number | My Work Queue | Assign AUM Cases | My Inbox | Reports | Work Load | More>>
Search Authorization Request
Client*: State of West Virginia
Organization: WV AUM Test Prov Net 5
Authorization Request ID:
Request Category: -- Select --
Category of Service: -- Select --
Request Type: -- Select --
Authorization Start Date: -- Select --
Authorization End Date: -- Select --
Authorization Submission Date: -- Select --
Authorization Request Status: --Select--
Search
Search Results
Search:
Authorization Request Id | Lifecycle | First Name | Last Name | Eligibility Medicaid Id | Member DOB | Member SSN | Start Date | End Date | Status | Reason | Request Type | Requesting Provider
354 | Original | Test | Winston | 00999808901 | 01/01/1991 | 999-80-8901 | 10/24/2011 | | Saved | In Process | Inpatient Services | Keith Partridge
374 | Original | Test | Winston | 00999808901 | 01/01/1991 | 999-80-8901 | 10/25/2011 | | Saved | In Process | Inpatient Services | Keith Partridge
375 | Original | Test | Winston | 00999808901 | 01/01/1991 | 999-80-8901 | 10/25/2011 | | Saved | In Process | Inpatient Services | Keith Partridge
376 | Original | Test | Winston | 00999808901 | 01/01/1991 | 999-80-8901 | 10/25/2011 | | Submitted | Ready for UM Review | Inpatient Services | Keith Partridge
398 | Original | Test | Winston | 00999808901 | 01/01/1991 | 999-80-8901 | 10/25/2011 | | Saved | In Process | Inpatient Services | Keith Partridge
446 | Original | Test | Winston | 00999808901 | 01/01/1991 | 999-80-8901 | 10/28/2011 | | Submitted | Ready for UM Review | Inpatient Services | Keith Partridge
447 | Original | Test | Winston | 00999808901 | 01/01/1991 | 999-80-8901 | 10/26/2011 | | Submitted | Ready for UM Review | Inpatient Services | Keith Partridge
453 | Original | Test | Winston | 00999808901 | 01/01/1991 | 999-80-8901 | 10/26/2011 | | Saved | In Process | Inpatient Services | Keith Partridge

Here you can see the reason and status of your request. If the status is "Saved", the request is in your Assigned Tasks and still needs to be completed and submitted successfully. If the status is "Submitted", the staff entering the request does not have the correct User Role for submitting Health Home requests. Please call APS and the User Role will be amended.

If the reason is listed as "Requires info from Provider", the assessment for this request has not been entered and/or submitted yet or the assessment needs corrected. If the status is "Pended" and the reason is "In Process", your request is being reviewed for a determination.
If the status is "Closed" and the reason is "Closed – Administrative", your request has been closed. (Screens following will show how to find out the reason for the closed request)

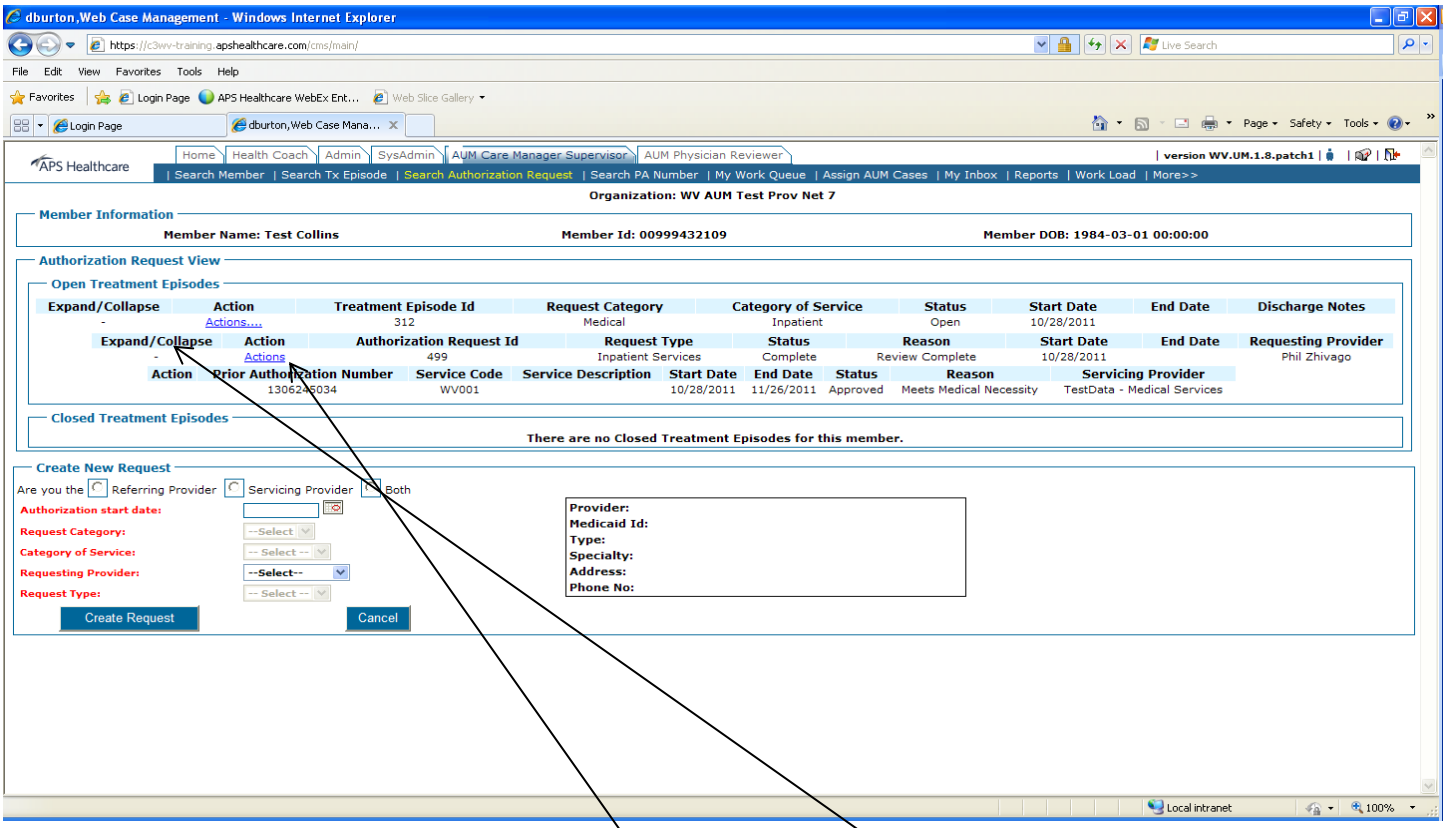
When the status is "Complete" and the reason is "Review Complete", a determination has been made.



Authorization Request Id	Lifecycle	First Name	Last Name	Eligibility Medicaid Id	Member DOB	Member SSN	Start Date	End Date	Status	Reason	Request Type	Requesting Provider
330	Original	Test	Quirk	00999202345	02/20/1995	999-20-2345	10/24/2011		Submitted	Ready for UM Review	Inpatient Services	Ringo Starr
336	Original	Test	Quirk	00999202345	02/20/1995	999-20-2345	10/24/2011		Submitted	Ready for UM Review	Inpatient Services	Phil Zhivago
454	Original	Test	Abbott	00999876543	01/01/1980	999-87-6543	10/27/2011		Submitted	Ready for UM Review	Inpatient Services	Phil Zhivago
490	Original	Test	Campbell	00999883456	05/05/1940	999-88-3456	10/28/2011		Saved	In Process	Inpatient Services	Phil Zhivago
492	Original	Test	Campbell	00999883456	05/05/1940	999-88-3456	10/28/2011		In Process	Requires Physician Review	Inpatient Services	Phil Zhivago
497	Original	Test	Collins	00999432109	03/01/1984	999-43-2109	10/28/2011		Saved	In Process	Inpatient Services	Phil Zhivago
498	Original	Test	Collins	00999432109	03/01/1984	999-43-2109	10/28/2011		Saved	In Process	Inpatient Services	Phil Zhivago
499	Original	Test	Collins	00999432109	03/01/1984	999-43-2109	10/28/2011		Complete	Review Complete	Inpatient Services	Phil Zhivago
503	Original	Test	Davis	00999210987	04/01/1986	999-21-0987	10/28/2011		Saved	In Process	Inpatient Services	Phil Zhivago
504	Original	Test	Davis	00999210987	04/01/1986	999-21-0987	10/28/2011		In Process	Requires Physician Review	Inpatient Services	Phil Zhivago
506	Original	Test	Zorn	00999998765	03/01/1991	999-99-8765	10/28/2011		In Process	Ready for Care Manager Review	Inpatient Services	Radar O'Reilly
508	Original	Test	Quirk	00999202345	02/20/1995	999-20-2345	10/28/2011		In Process	Requires Physician Review	Inpatient Services	Radar O'Reilly
527	Original	Test	Franz	00999098765	06/01/1981	999-09-8765	10/31/2011		In Process	Ready for Care	Inpatient	Phil Zhivago

To find the authorization information, click on the Authorization Request ID. You will only need to click once on the ID number.

This will open up the treatment episode screen for this member. You will be able to view and/or print your authorization details from these screen actions.



If the request has been approved, you will find your authorization information on this screen. If, when you open this screen, the authorization information is not showing, you will click on the Expand/Collapse column which will open up the authorization information line of text.
The authorization information line will give you the following information: Prior Authorization Number, Service Code, Service Description, Start and End date of Service, Status (Approved), Reason, and Servicing Provider.

To print the authorization information, you click on the word "Actions" beside the Authorization Request ID. This will open up a box with the choice to print.

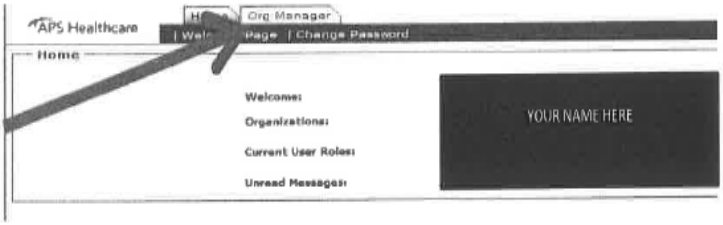
If your authorization was "Closed – Closed Administrative", you can also click on the word "Actions" beside the Authorization Request ID and choose "View Auth Request". This will open up a summary or your request and there will be a note from the Health Home UM Specialist listing the reason that the request was closed and could not be authorized.

2.14 Creating, Attaching, Modifying and Resetting Users (*This function for Organization Managers ONLY*):

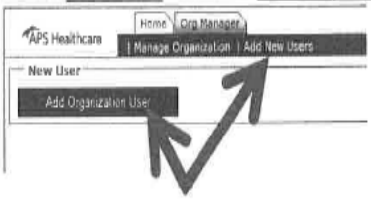
ORG MANAGERS: FOR CREATING, ATTACHING, MODIFYING, RESETTING USERS

AS AN ORG MANAGER YOU MUST LOGON TO THE ORG MANAGER URL: HTTPS://C3WV.APSHEALTHCARE.COM

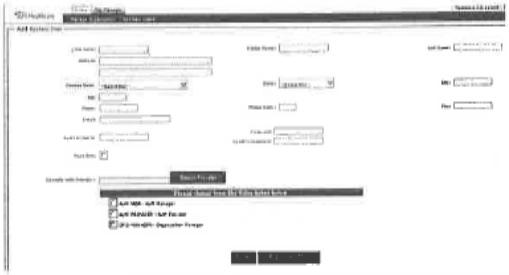
1. CLICK ON THE THE ORG MANAGER TAB



2. CLICK ON ADD NEW USERS THEN CLICK ON ADD ORGANIZATION USER



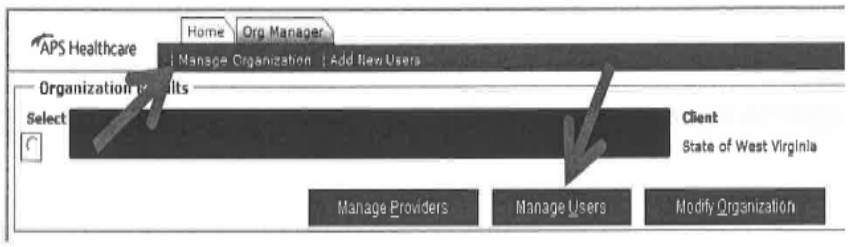
3. COMPLETE ALL RED MANDATORY FIELDS THEN **CLICK ADD SYSTEM USER** BUTTON



- SYSTEM USER IDs ARE TO BE LETTERS AND/OR LETTERS PLUS NUMBERS –BUT NOT TO INCLUDE SPACES, PUNCTUATION, SPECIAL CHARACTERS
- THE INITIAL PASSWORD (UP TO 8 NUMBERS/LETTERS ONLY) YOU CREATE WILL NEED TO BE SECURELY DISTRIBUTED TO THE USER BY THE ORG MANAGER DIRECTLY
- NEW USERS ROLES MAY INCLUDE:
  - **AUM-MANAGER** WHICH IS FOR SOLELY FOR SUBMITTING PRIOR AUTHORIZATIONS ON HTTPS://PROVIDERPORTAL.APSHEALTHCARE.COM
  - **AUM-MANAGER** AND **ORG MANAGER** WHICH ALLOWS FOR SUBMITTING PRIOR AUTHORIZATIONS ON HTTPS://PROVIDERPORTAL.APSHEALTHCARE.COM AS WELL AS CO-MANAGING THE ORGANIZATON'S ELECTRONIC ENROLLMENT/WEB USER MAINTENANCE ON HTTPS://C3WV.APSHEALTHCARE.COM
  - **AUM-PROVIDER** WHICH ONLY ALLOWS A USER TO CREATE THE REQUEST FOR AN **AUM-MANAGER** TO LATER SUBMIT—THIS ROLE IS EXTREMELY LIMITING—PLEASE ASSIGN WITH CAUTION—YOU MAY WANT TO CONTACT APS FOR MORE CLARIFICATION PRIOR TO GIVING A WEB-USER THIS RESTRICTIVE ROLE.
  - **ORG-MANAGER** WHICH IS FOR SOLELY MAINTAINING THE ORGANIZATON'S ELECTRONIC ENROLLMENT/WEB USER MAINTENANCE ON HTTPS://C3WV.APSHEALTHCARE.COM. THIS ROLE CANNOT GAIN ACCESS TO THE AUTHORIZATION PORTION UNLESS YOU ADD A DUAL ROLE OF AUM-MANAGER, DEFINED ABOVE.

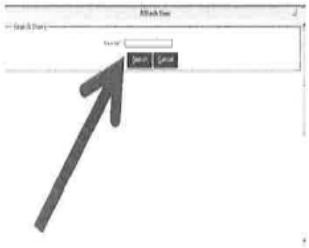
ONCE YOU CLICK ADD SYSTEM USER YOU MUST RETURN TO THE MANAGE ORGANIZATION SECTION TO COMPLETE THE USER ACCOUNT

4. TO ATTACH THE USER, CLICK MANAGE ORGANIZATION AT THE TOP, CLICK THE BUBBLE BESIDE OF YOUR ORGANIZATION, THEN CLICK THE MANAGE USERS BUTTON.



5. A TABLE OF YOUR USERS WILL APPEAR, FOR THE NEW USER THAT IS NOT YET ATTACHED/APPEARING.
CLICK THE ATTACH USER BUTTON AT THE BOTTOM OF THE SCREEN.

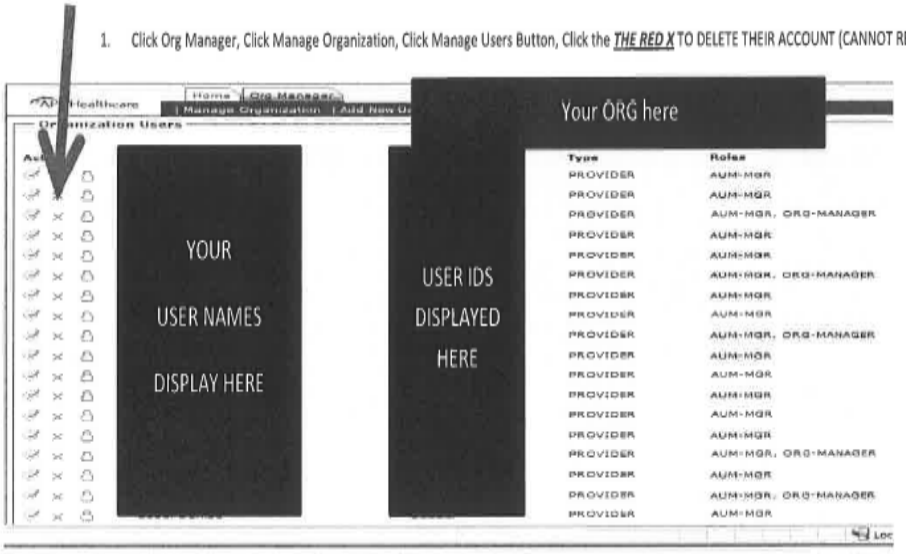
6. THEN ENTER IN THE NEWLY CREATED USER ID, CLICK SEARCH AND CLICK THE PAPER CLIP TO ATTACH.



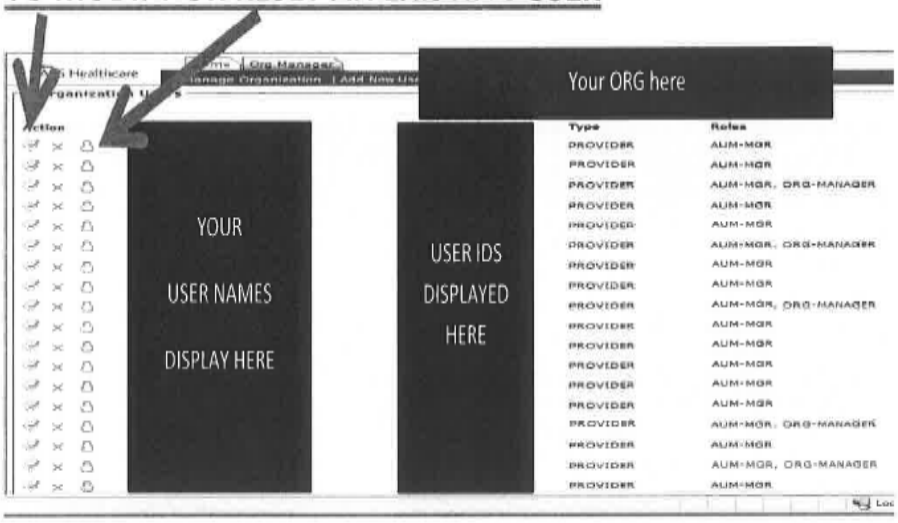
7. YOUR NEW WEB-USER ACCOUNT IS READY TO DISTRIBUTE.

TO DEACTIVATE A USER

1. Click Org Manager, Click Manage Organization, Click Manage Users Button, Click the ***THE RED X*** TO DELETE THEIR ACCOUNT (CANNOT RECOVER DELETED ACCOUNTS).

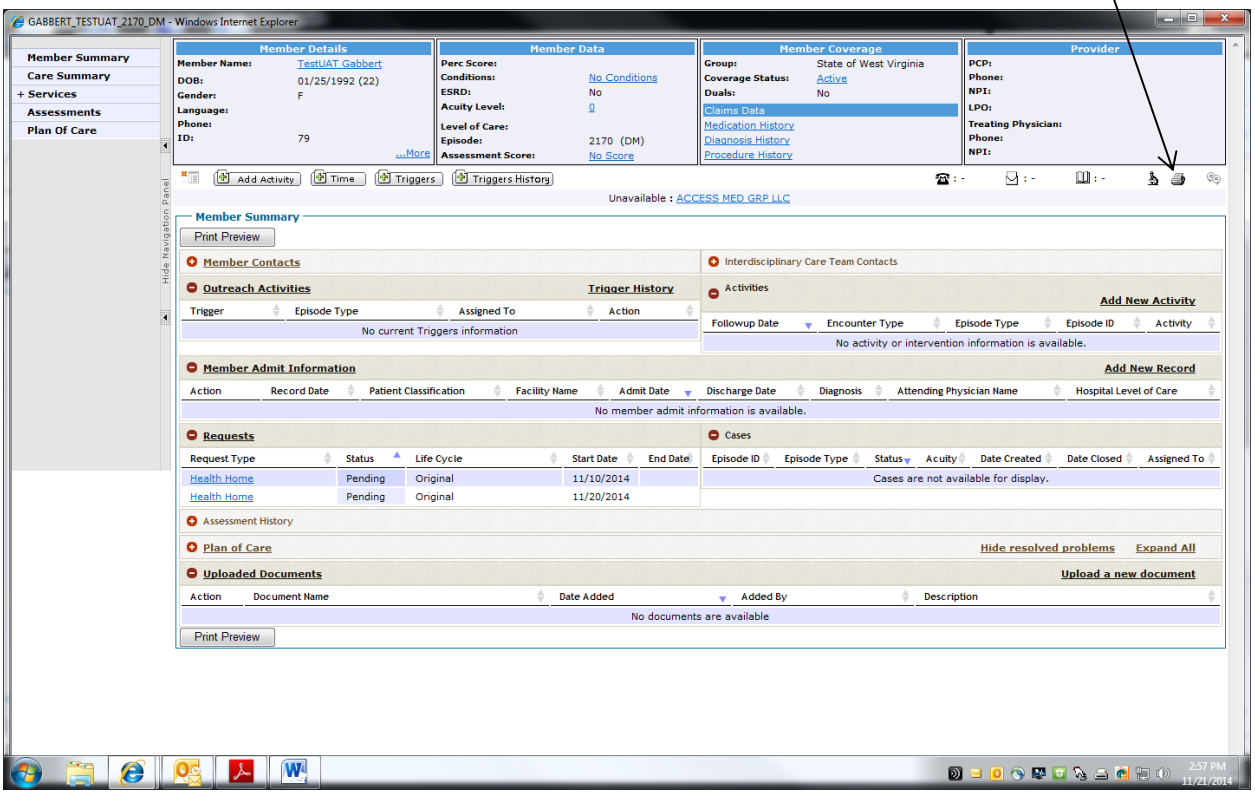


TO MODIFY OR RESET AN EXISTING USER

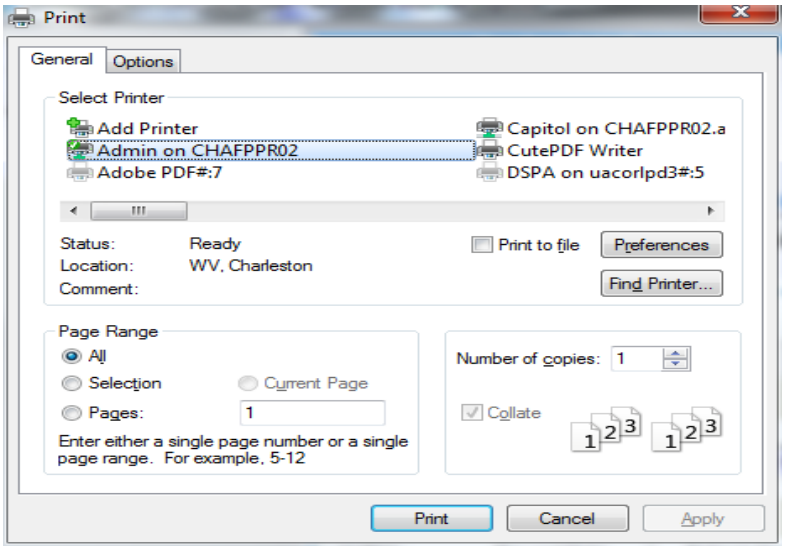


1. To Modify: Click Org Manager, Click Manage Organization, Click Manage Users Button, Click the ***PENCIL & PAPER*** icon TO MODIFY THEIR ACCOUNT (i.e. Name Change or Role—USER ID cannot be altered).
2. To Reset: Click Org Manager, Click Manage Organization, Click Manage Users Button, Click the ***LOCK*** icon TO RESETY THEIR PASSWORD

2.15 Print: All users have the capability to print from C3 by clicking the Print at the top of the page.

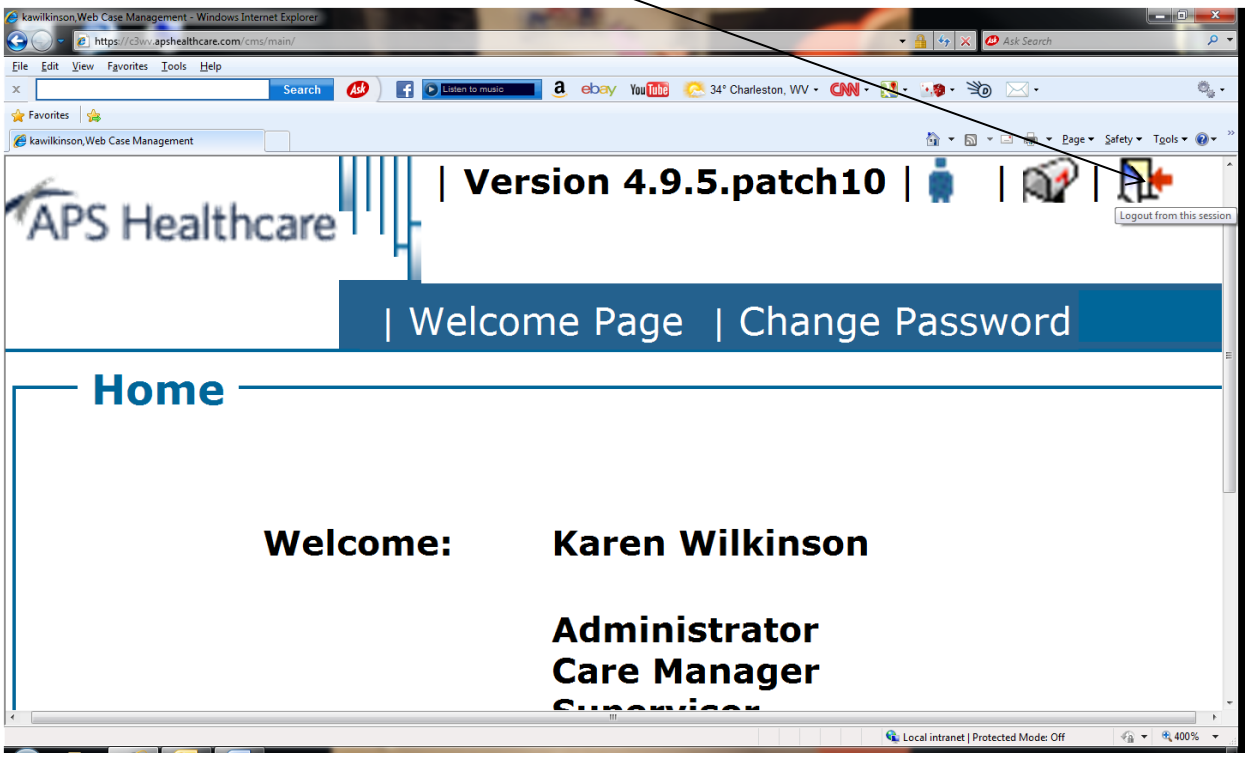


By selecting the Print above, the user will be taken to their system's print options. An example is displayed; however, options and screens will vary depending on the user's specific system.



2.15 Log Out:

Log out link can be accessed by the user from any system.



This screen should appear.